DOCUMENT RESUME

ED 196 481 JC 810 022

AUTHOR Cology, Lcrry J.
TITLE Classroom Activities and Demonstrations for Use in Behavioral Science Courses.
INSTITUTION Michael J. Owens Technical Coll., Perrysburg, Ohio.
PUB DATE 10 Oct 80
NOTE 97p.: Materials presented at the Conference of the Community College Social Science Association (Chicago, IL, October 10, 1980).

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Behavioral Sciences: Case Studies; *Class Activities; *Demonstrations (Educational); Emotional Development; Individual Development; Psychology; Sociology; Worksheets

ABSTRACT

This compilation provides descriptions of and resource materials for 25 classroom activities or demonstrations for behavioral science courses. For each activity, the following information is provided: subject area, source, time required and materials needed. In addition, discussion questions and comments on the value and use of the activities are included, as are the actual worksheets and materials to be used by the students and answer keys where appropriate. The activities focus on: (1) research methodology; (2) psychological experiment design; (3) shaping behavior; (4) conditioned emotional responses; (5) mnemonic devices; (6) incidental learning; (7) perceptual sets; (8) human development; (9) behavior problems in children; (10) emotional expression; (11) requirements for a healthy adulthood; (12) non-verbal expressions of emotions; (13) stereotyping based on clothing; (14) prejudices; (15) the Tome Intelligence Test; (16) creativity; (17) extrasensory perception; (18) defense reactions to a broken romance; (19) criteria for institutionalization; (20) mental illness; (21) verbal behavior; (22) bizarre speech; (23) predicting success in therapy; (24) a case study of a mentally ill individual; and (25) business management and decision-making. Bibliographies of publishers' addresses and activity sources are included. (AYC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED196481

CLASSROOM ACTIVITIES AND DEMONSTRATIONS

FOR USE IN BEHAVIORAL SCIENCE COURSES

Prepared by
Lorry J. Cology,
Assistant Professor

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Lorry Cology

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
✓ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

JC 810 022

The Michael J. Owens Technical College
Caller No. 10,000 - Oregon Road
Toledo, OH 43699
(419) 666-0580

Presented at the Community College Social Science Association
October 10, 1980
Chicago, Illinois

CONTENTS

ACTIVITY: Research Methods
AREA: Methodology . . . . . Page 1

ACTIVITY: Psychological Methods-Design an Experiment
AREA: Experimental Design . . . . . Page 4

ACTIVITY: Shaping
AREA: Learning/Conditioning . . . . . Page 6

ACTIVITY: Conditioned Emotional Responses
AREA: Conditioning/Therapy/Phobias . . . . . Page 7

ACTIVITY: Mnemonic Device
AREA: Memory/Study Techniques . . . . . Page 9

ACTIVITY: Incidental Learning
AREA: Learning/Memory . . . . . Page 11

ACTIVITY: Perceptual Set
AREA: Perception . . . . . Page 14

ACTIVITY: Human Development
AREA: Child Development/Child Psychology . . . . . Page 15

ACTIVITY: Rating the Seriousness of Behavior Problems of Children
AREA: Child Psychology . . . . . Page 18

ACTIVITY: Emotional Expression
AREA: Emotions . . . . . Page 21

ACTIVITY: Requirements for a Healthy Adulthood
AREA: Child Psychology/Sex Sterotypes/Personality . . . . . Page 24

ACTIVITY: Non-verbal Expression of Emotions
AREA: Non-verbal Communication/Emotions . . . . . Page 27

ACTIVITY: Clothes Make the Man
AREA: Social Psychology/Stereotypes/Appearance and Decision Making/Non-verbal Communication . . . . . Page 29

ACTIVITY: Unpopularity Contest
AREA: Social Psychology/Prejudice/Stereotypes . . . . . Page 31

ACTIVITY: Tome Intelligence Test
AREA: Tests and Measurement/Intelligence . . . . . Page 34

ACTIVITY: Word Hints to Creativity
AREA: Creativity . . . . . Page 38

ACTIVITY: Extrasensory Perception
AREA: Extrasensory Perception . . . . . Page 40

ACTIVITY: Defense Reaction to a Broken Romance
AREA: Defense Mechanisms/Coping and Adjustment/ Reactions to Stress . . . . . Page 42

ACTIVITY: Criteria for Institutionalization
AREA: Abnormal Psychology/Therapy . . . . . Page 44

ACTIVITY: Knowledge of Mental Illness
AREA: Abnormal Psychology . . . . . Page 46

ACTIVITY: Samples of Verbal Behavior
AREA: Abnormal Psychology . . . . . Page 51

ACTIVITY: Reinforcement of Bizarre Speech
AREA: Abnormal Behavior/Operant Conditioning/Therapy . . . . . Page 56

ACTIVITY: Predicting Success in Therapy
AREA: Therapy . . . . . Page 66

ACTIVITY: The Case of George L.
AREA: Abnormal Psychology/Therapy . . . . . Page 74

ACTIVITY: The Business: An Organizational Simulation
AREA: Decision Making/Leadership Styles/Example of Management Training Technique . . . . . Page 80

Bibliography of Publishers' Addresses . . . . . Page 85

Bibliography of Activity Sources . . . . . Page 89

ACTIVITY: RESEARCH METHODS

AREA: Methodology

SOURCE: Introduction to Psychology, 4th edition, Fernald, Student Guide Book.

TIME REQUIRED: 1-1½ hours.

MATERIALS: Worksheets.

PROCEDURE:

Divide the students into groups and distribute Worksheet Part A.

Read the directions to the students and answer any questions they may have. It is useful to do the first problem together. Allow the students time to complete the worksheet and discuss the answers.

Answer Key:

1. Naturalistic Observation
2. ?
3. Experiment
4. Experiment
5. Survey/Observation
6. ?
7. Experiment/Survey
8. Retrospective Observation
9. ?
10. Naturalistic Observation
11. Experiment
12. Contrived Observation/Experiment/Survey

For the second part of the activity, distribute Worksheet Part B, and instruct the students to choose a hypothesis from Part A and design an experiment to test it.

When the groups have finished, have them present their experimental designs to the class. Ask the other students for comments and suggestions.

Discuss how different operational definitions may influence the experimental results. (For example: 4. "Reasoning ability" could be defined many different ways.)

DISCUSSION AND COMMENTS

This activity is a good supplement to a lecture on methodology.

If there is enough time, it may be useful to discuss with the students various sources of possible errors in experimental designs, whether or not experiments actually "prove" anything, and what type of "research" is done by advertising companies to try to prove that their product is superior.

Name _____

General Psychology
Instructor: Lorry Cology
Activity: Research Methods
Part A

Directions:
Some problems do not lend themselves to any type of scientific inquiry, while others, although they can be investigated scientifically, are studied more easily by one method than by another. Consider each problem below and decide whether it can be studied scientifically. If you think it is impossible to study the problem scientifically, put a question mark (?) in the "Method of Study" column. If you think the problem can be studied scientifically, put the methods you think would be most appropriate in the "Method of Study" column. If you decide that more than one method of study is appropriate, underline the best method.

PROBLEM/HYPOTHESIS	METHOD OF STUDY
1. In their daily lives, women talk more than men.	
2. Consciousness survives after death.	
3. Speed-reading courses improve academic achievement.	
4. Alcohol consumption reduces reasoning ability.	
5. College instructors own cars that are less expensive than those driven by their students.	
6. Human beings are the only animals that think in images.	
7. Neck massages reduce student anxiety.	
8. Suicide rates increase during times of war.	
9. The world of a newborn infant is a confusion of sights and sounds.	
10. Attendance at drive-in movies increases during nights with a full moon.	
11. Eating carrots improves night vision.	
12. Adults who were thumbsuckers as children tend to smoke cigarettes more than those who were not thumbsuckers.	

Name _____

General Psychology
Instructor: Lorry Cology
Activity: Psychological Methods
Part B

Directions:
Pick one of the hypotheses on Part A of this activity and design an experiment to test it.

1. Which hypothesis are your going to test?

2. Identify the dependent and independent variables.

3. Decide who your subjects will be. Assume you have a large budget to work with. (Hint: Consider such factors as age, sex, number of subjects, any other variables you think are important.)

4. Develop operational definitions for the terms used.

5. Describe your experimental procedures. What are you going to do to your subjects? What are you going to measure or count? How are you going to be able to tell if there is a difference in the results?

ACTIVITY: PSYCHOLOGICAL METHODS - DESIGN AN EXPERIMENT

AREA: Psychological Methods/Experimental Design

SOURCE: Dr. L. Federici

TIME REQUIRED: 45 Minutes

MATERIALS: Worksheet

PROCEDURE: Students Should Be Divided into Groups.

Tell the student, "If you were going to actually set up an experiment to test the hypothesis, how would you go about doing it? You do not need to include any results (some students become confused because they think the results are needed) but your experimental design needs to be specific enough that any other group could look at it and know exactly what you planned."

After students finish, collect the papers and review them for the class or have each group tell what they designed.

DISCUSSION/COMMENTS:

Points to discuss may include:

1. The different ways of operationally defining various terms and the importance of being specific. (For example, in one of my classes some students defined "concentration" as the number of minutes it took to put together a jigsaw puzzle, while others defined it as "ability to keep your mind on a lecture."

2. The problem with trying to work with some constructs. Is measuring "concentration" by testing subjects on material read the same thing as timing them on assembly of a puzzle? What about other constructs such as "aggression," "dependence," etc.?

3. Explanation of the null hypothesis and why it is more often used.

This activity is most useful after a lecture on experimental design (control groups, pre-test/post-test techniques, etc.) When done early in the semester it tends to surprise many students who have misconceptions about the nature of scientific research.

General Psychology
Instructor: Lorry Cology

NAME_____

PSYCHOLOGICAL METHODS

Design an experiment to test the following hypothesis: People concentrate better when they are hungry than when they are not hungry.

Step 1 - Develop operational definitions for the following terms:

A. Hungry

B. Not hungry

C. Concentration

Step 2 - Decide who the population of your experiment will be. Who are your subjects? (Hint: Consider such factors as age, sex, and number of subjects.)

Step 3 - Identify your independent and dependent variable.

Independent Variable -

Dependent Variable -

Step 4 - Describe your experiemental procedures. What are you going to do to your subjects? What are you going to measure or count? How are you going to tell if there is a difference?

ACTIVITY: SHAPING

AREA: Learning/Conditioning

SOURCE: Psychology Teacher's Resource Book (Prepared by the American of Psychological Association, Inc., 1200 - 17th Street N.W., Washington D.C. 20036. Cost $3 or $4)

MATERIALS: Clock with Second Hand

PROCEDURE: Pick two volunteers and ask them to leave the room. Then pick one student to be the timekeeper.

Tell the class, "We are going to do a demonstration in shaping behavior. The behavior we want to have a volunteer do is _____ (sit on a particular desk, touch your shoe, whatever). For the first volunteer we will shape the behavior through positive reinforcement. Whenever the volunteer moves in the direction in the desired behavior, we will clap and cheer, otherwise we will be silent."

"The timekeeper will time how long it takes the volunteer to perform the behavior."

"For the second volunteer we will attempt to shape the behavior using punishment. Whenever he does something incorrect, we will boo and hiss. When the volunteer is moving correctly, we will use no reinforcement." This volunteer will also be timed.

Have the first volunteer come into the room and explain the procedures without telling him the behavior.

Usually volunteers will feel more comfortable if they are told that the demonstration is similar to the "hot and cold" game they may have played as a child.

After explaining and asking for questions, say "go" and start timing. When the first volunteer is done, bring in the second volunteer and repeat the procedure. Record the time for each.

DISCUSSION AND COMMENTS:

This demonstration has been most useful after a lecture on conditioning principles.

So far the second volunteer has always taken much longer than the first volunteer. In some cases the second volunteer has never been able to perform the desired behavior within the time allowed. (The first volunteer will usually perform the behavior within three or four minutes. I usually stop the second volunteer after about five or six minutes if they have not performed the behavior.)

ACTIVITY: CONDITIONED EMOTIONAL RESPONSES

AREA: Conditioning/Therapy/Phobias

SOURCE: Lorry Cology, Based on Watson, J. and Rayner, R. Conditioned Emotional Reaction. Journal of Experimental Psychology, 1920, Volume 3, pp. 1-14.

TIME REQUIRED: 30-45 Minutes

MATERIALS: Worksheet

DIRECTIONS: Divide the class into groups and have them complete the worksheet.

The main objectives of this activity are to:

1. Discuss various therapeutic techniques which may be useful with non-verbal clients. (Little Albert was really too young to verbally express his problem.)

2. Discuss the necessity of having proper evaluation techniques for therapy.

3. Contrast this view of the development of a phobia with the traditional Freudian view.

General Psychology
Instructor: Lorry Cology

Name _____

Date _____

ACTIVITY
CONDITIONED EMOTIONAL RESPONSE

Suppose you are a psychologist and Little Albert's mother comes to you for help. She asks you to help "cure" her little boy of his fear of white, furry things. What would you do? What techniques could you use to help Little Albert? How could you tell if your techniques were effective (what behaviors would you measure or count)?

ACTIVITY: Mnemonic Device

AREA: Memory/Study Techniques

SOURCE: Dr. Dale Brethower, Kalamazoo Michigan

MATERIALS: Instructor's word lists, overhead projector, and overhead transparency with 4 or 5 graphs on it.

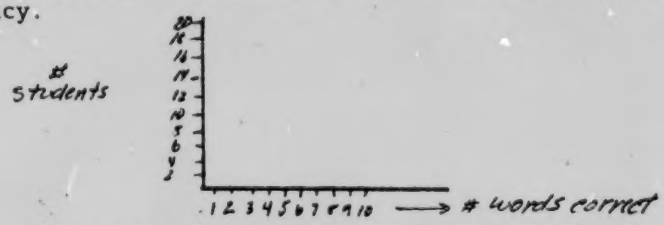
TIME: one hour

PROCEDURE:

Tell the students you are going to read a list of words. They are to do nothing but listen. Read the list of the following words:

List 1: 1) cow 2) radio 3) church 4) rabbit 5) daffodil 6) worm 7) stove 8) orange 9) candle 10) car.

After you finish reading the words, tell the students to take out a sheet of paper and write down as many words as they can remember in any order. While they are writing, put the following graph on the board or transparency.



When the students have finished, read the list again, slowly, and have them tally the number of words they have correct. Graph the number of students according to how many words they remembered. The majority of the class usually remembers about seven of the words, with the range being between five and nine words correct.

Introduce the area of mnemonic devices and describe some simple ones (for example, "30 days has September, April, June and November . . .", "I before E except after C")

Put on the board and teach the students the following mnemonic device: "1 is a bun, 2 is a shoe, 3 is a tree, 4 is a door, 5 is a hive, 6 are sticks, 7 is heaven, 8 is a gate, 9 is wine, 10 is a hen". Have students practice forming the images in their mind a couple of times. Explain how words can be associated with the original peg word.

Read List 2 to the students:

List 2: 1) chicken 2) garage 3) crown 4) dog 5) rose 6) snake 7) sink 8) apple 9) lamp 10) truck.

After reading the second list, have students write down as many of the words as they can remember and graph them. The number of students who remembered more words should increase. If not, read Alternate List 2.

(Alternate List 2: 1) Horse 2) spoon 3) window 4) pig 5) pencil 6) belt 7) tire 8) corn 9) match 10) chair.)

You may also use a third list of High Imagery Words (List 3: 1) cactus 2) bandage 3) Frankenstein 4) elephant 5) devil 6) Christmas tree 7) caboose 8) witch 9) flying saucer 10) vulture.) And a list of Low Imagery Words (List 4: 1) love 2) democracy 3) electricity 4) sticky 5) happy 6) swim 7) honest 8) dream 9) reality 10) correct.) Compare the results between the high imagery list and the low imagery list. Do not inform the students ahead of time of the difference in the high imagery and low imagery lists until both of them have been graphed.

DISCUSSION:

Ask how the students "hooked" some of the low imagery words.

Relate the technique and mnemonic devices in general, to learning subject material. For example, in order to remember that Ivan Pavlov was a Russian physiologist who experimented with dogs, think of Pavlov rushing (Russian) around being chased by a pack of dogs. In order to remember that John Watson was the Father of Behaviorism, remember what he did with Little Albert's behavior. (This is corny, but it tends to work.)

COMMENTS:

This activity also provides a time to introduce related material such as primacy and recency effect, use of serial lists versus use of nonsense syllables in studying memory.

A useful supplemental reading is G. Miller, The Magical Number Seven Plus Or Minus Two: Some Limits On Our Capacity For Processing Information. Psychological Review, 1956, p. 81-97.

ACTIVITY: Incidental Learning

AREA: Learning/Memory

SOURCE: Instructor's Manual for Introduction to Psychology, 4th Edition, by Fernald and Fernald.

MATERIALS: Instructor's word list

TIME: About 30 minutes

PROCEDURE:

Quietly pick ten students before the class begins while they are still milling around.

Take them into the corridor and tell them, "Today's activity is on learning. Two volunteers will be selected to memorize word lists. After they are done, the entire class will be asked to remember the lists, but they will not be told beforehand that this is what they will do. You are being told because we want to compare the difference in learning between purposeful vs. incidental learning, and related and unrelated material."

As you hear the volunteers reciting the lists, make every effort to remember as many words as you can, so you can write them down accurately afterward.

Do not tell anyone else about their being required to memorize the lists, too.

Announce to the class that today's activity is a demonstration of learning principles. You will need two volunteers from the class to work with you up front. Also tell them that absolute silence will be required for the demonstration to work.

Send the two volunteers out of the class. Tell the class that the volunteers will be asked to memorize two lists of 20 words each. One list consists of related words, the other list will consist of unrelated words. Tell them that related words are words that follow in a logical sequence while unrelated words are words that do not follow in a logical sequence. Also tell the class that they are not to write or jiggle papers or pencils since this will distract the students from the task and probably make them nervous.

Bring in one volunteer at a time. For the first volunteer, the instructor will read and have the student recite the unrelated word list twice. Also, the instructor will read and the student will recite the related word list two times. Then bring in the second student. The instructor and the student will recite the related word list two times. The instructor will read and the student will recite the unrelated word list two times.

Instructions to both volunteers: "I am going to read you two groups of words, 20 words in each group. I will read each group of words two times. After each reading, recite as many of the words as you can remember. I will keep a tally of the words you recall from each list." (You really do not actually need to do this.)

After the volunteers have finished, send both volunteers to their seats.

Instruct the class to very quietly and very quickly take out a sheet of paper, put as many words down as they can remember from each word list before they forget. Tell them to label one list related words, and the other list unrelated words. Allow about four minutes for them to write down the words.

Read the list back to the class. Have them add up their score (number right) for related list and unrelated list separately. Tell the class, "Put the score for your related words in a circle and your score for unrelated words underlined."

Collect the papers from the ten prepicked volunteers and ten random students.

Enter the data on the board as follows:

	Intentional Learning Prepicked Subjects		Incidental Learning Random Subjects	
Ss	Related Score	Unrelated Score	Related Score	Unrelated Score
1				
2				
3				
.				
.				
10				

Find the average of each group by dividing by ten.

DISCUSSION:

1. Is there a difference in retention between those who intended to learn and those who did not? If so, why? (This is a good place to introduce a discussion of the importance of motivation in learning.)

2. Was related material learned more readily than unrelated material? Why? (This demonstration usually illustrates the greater ease with which meaningful material is learned.)

3. Ask if any class members tried to learn the material even though they were not expecting to be tested. If so, it might be interesting to ask why they did so.

WORD LISTS

	Volunteer 1		Volunteer 2	
	Unrelated	Related	Unrelated	Related
1.	betwixt	more	crane	the
2.	trumpeter	attention	with	old
3.	pebbly	has	egg	professor's
4.	complication	been	journey	seventieth
5.	vigorous	paid	applied	birthday
6.	serene	to	crept	was
7.	obscure	diet	rub	made
8.	attractive	but	pound	a
9.	consequence	mostly	cliff	great
10.	expedition	in	king	occasion
11.	pane	relation	eat	for
12.	unpunished	to	sinister	public
13.	prominence	disease	descend	honors
14.	chest	and	cab	and
15.	sleepy	to	Idaho	a
16.	basin	the	barn	gathering
17.	awoke	growth	alcohol	of
18.	photographer	of	inequality	his
19.	ungrateful	young	Illinois	former
20.	byway	children	benefactor	pupils

ACTIVITY: PERCEPTUAL SET

AREA: Perception

SOURCE: Psychology Teacher's Resource Book (Prepared by the American Psychological Association, Inc., 1200 17th N. W., Washington D.C. 20036. Cost is $3 or $4)

MATERIALS: A Bottle of Water. (I used a dark bottle because it looks more "scientific")

TIME: Not Relevant

PROCEDURE: Perceptual set can be demonstrated by bringing a bottle of water into the classroom and informing the students that it is essence of peppermint. Tell the class that you are concerned with the sense of smell in which to see how fast the odor of peppermint permiates the room. Have them raise their hands when they believe they can smell peppermint. Keep a tally of how many students raised their hand and note approximately how long it takes for the first student to raise their hand and how long it takes for the next student to follow. (At the end of class, explain that the bottle contained only water and that telling them it was peppermint influenced their perception.)

COMMENTS:

This may be related to expectations and self-fulling prophesy.

I tended to get inconsistent results with this demonstration. In some classes nobody ever "smelled" the peppermint.

ACTIVITY: Human Development

AREA: Child Psychology/Child Development

SOURCE: Instructor's Manual for Psychology, an Introduction, 4th Edition, by Fernald & Fernald. Dr. L. Federici.

TIME: 30 minutes

MATERIALS: Worksheet

PROCEDURE:

Divide the class into groups and distribute the worksheet. Tell the students, "Rank the various infant abilities on the worksheet according to the ones which develop first. That is, number one will indicate the first ability to develop, number twelve, the last ability. After you've finished, circle the number of the abilities you believe involve training rather than maturation."

When students have finished their arrangings, tell them the proper sequence, which is: 4, 10, 1, 9, 5, 8, 2, 12, 7, 11, 6, and 3. In order to help students understand the sequence more clearly, it may be handy to put the list in its rearranged, but correct order from first ability to develop (top) to last ability to develop. The list, with approximate ages, should appear as follows:

YEAR	ABILITY
2 months	turns head to follow moving object
9 months	sits alone for one minute; says "da-da"
1 year	walks while holding on to something
1 year, 3 months	walks alone; says several words
1 year, 6 months	climbs stairs; says many words
2 years	runs; uses simple word combinations
3 years	puts on shoes
4 years	laces shoes
5 years	names penny, nickel, and dime
6 years	describes the difference between "a bird and a dog"
7 years	tells time to quarter hour
8 years	tells "how a baseball and an orange" or "an airplane and a kite" are alike

DISCUSSION:

1. In what ways are cephalocaudal and proximodistal development represented in this sequence? (The baby turns his head to follow a moving object before he walks, a sequence which suggests cephalocaudal development. The baby puts on his shoes before he learns to lace them, which suggests proximodistal development.)

2. Is there any trend or pattern with regard to the abilities that develop primarily through maturation and those for which training is also required? (The first three motor and/or verbal abilities develop chiefly through maturation; the next three involve primarily maturation with regard to the motor task, but training is involved with each of the verbal tasks; the last six abilities all involve some training. Thus, it would appear that training or learning assumes a greater importance for abilities accuring later in the developmental sequence.)
3. Suppose you wished to construct an intelligence test for young children, birth through 8 years. Would it be appropriate to use some of these items in such a test? (Yes. Intelligence, defined in general terms, is the ability to adjust to one's environment. Placed in the correct order, these items represent a progressive increase in capacity to adapt and to deal with the environment. Infact, several of the tasks are included in standard intelligence test. Note also the changing nature of intelligence as one ascends the age scale - from a largely motor ability very early in life, to greater verbal emphasis later on. Adult intelligence tests involve verbal abilities almost entirely.)

EXERCISE-HUMAN DEVELOPMENT
GENERAL PSYCHOLOGY
INSTRUCTOR: LORRY COLOGY

NAME _____

Rank the various infant abilities according to the ones which develop first. That is Number 1 will indicate the first ability to develop, Number 12 the last ability. After you've finished, circle the number of the abilities you believe involve <u>training</u> rather than maturation.

Order of Development	Motor and/or Verbal Ability
_____	Walks alone; says several words
_____	Describes the difference between "a bird and a dog"
_____	Turns head to follow moving object
_____	Names penny, nickel and dime
_____	Climbs stairs; says many words
_____	Laces shoes
_____	Sits alone for one minute; says, "Da-Da"
_____	Tells how "a baseball and an orange" or "an airplane and a kite" are alike
_____	Puts on shoes
_____	Tells time to the quarter hour
_____	Runs; uses simple word combinations
_____	Walks while holding on to something

ACTIVITY: RATING THE SERIOUSNESS OF BEHAVIOR PROBLEMS OF CHILDREN

AREA: Abnormal Psychology/Child Psychology

SOURCE: L. Federici

TIME: 45 minutes

MATERIALS: Worksheet

PROCEDURE:

Divide the class into small groups (or if you wish to take less time, let them work individually).

Distribute the worksheets to the class and read the directions to them for rating each behavior.

After they have completed their sheets provide them with the ratings of a group of professionals.

The professional ratings are as follows:

1. 3
2. 9
3. 10
4. 14
5. 13
6. 2
7. 6
8. 7
9. 12
10. 15
11. 4
12. 5
13. 11
14. 1
15. 8

DISCUSSION/COMMENTS:

This activity usually generates quite a bit of discussion and disagreement. Questions to consider might include: Which ratings do you agree/disagree with? What type of theoretical viewpoint might some of the professionals be from (behaviorist, psychoanalytic, humanistic, etc.)? How might knowing the frequency of the behavior change your ratings? Which ones would be considered a "problem" in a child but not an adult? Why?

Instructor: Lorry Cology

RATING THE SERIOUSNESS OF BEHAVIOR PROBLEMS IN CHILDREN

Behavior problems of children have recently become a subject for systemmatic and objective study. There is still some disagreement, however, regarding the seriousness of maladaptive behavior traits in their impact on the future welfare of the children who show such traits. In order to treat the various personality and behavior disorders of children, it is necessary to determine the relative seriousness and importance of these traits from the viewpoint of parents and interested adults.

Directions

1. Examine the fifteen behavior traits listed on the next page.

2. Then rank the items from most serious (1) to least serious and least important (15).

3. In ranking these items, try to keep the following points in mind: First, the frequency of the behavior is not to be considered in this rating. The only requirement is that you must assign to each trait a number (1-15) which reflects the degree of seriousness and undesirability that you associate with the problem. Second, you may take as much time as you need for making careful ratings. Third, consider the consequences of these undesirable characteristics in children from the standpoint of their impact on the child's overall adjustment; that is, with respect to the child's happiness, educability, and general welfare. Fourth, assume that the children exhibiting these problems are of elementary school age.

NAME _____

EXAMPLE: If you consider laziness to be the most serious behavior problem listed, write number one (1) in the right hand column titled "your rating."

Behavior Problem	Your Rating	Group Rating
1. Fearfulness		
2. Lack of interest in work		
3. Obscene notes, obscene pictures, etc.		
4. Destroying school materials		
5. Masturbation		
6. Unhappy, depressed		
7. Temper tantrums		
8. Nervousness		
9. Laziness		
10. Profanity		
11. Easily discouraged		
12. Stealing		
13. Rudeness, impudence		
14. Unsocial, withdrawing		
15. Truancy		

26/A15

ACTIVITY: EMOTIONAL EXPRESSION

AREA: Emotions

SOURCE: Adapted from Instructor's Manual for Introduction to Psychology by Fernald and Feinald, Fourth Edition, and Louise Dr. L. Federici.

TIME: 30 Minutes

MATERIALS: Worksheet

PROCEDURE: Class may be divided into small groups or allowed to work individually.

Tell the class that the worksheet contains nine statements taken from Chinese literary works and that you would like them to try to identify the emotion or feeling expressed in each statement. Be sure to write the feelings they believe are expressed in each statement.

ANSWER KEY

1. He grit his teeth until they were all but ground to dust.
   (anger)
2. He drew up his leg and stood on one foot.
   (surprise)
3. He laughed a great hoho.
   (anger)
4. He fanned his face with this sleeve.
   (anger)
5. Everyone of his hairs stood on end and the pimples came out on the skin all over his body.
   (fear)
6. He clapped his hands.
   (worry, disappointment)
7. He would have swallowed him at one gulp.
   (hatred)
8. Everyone trembled with a face the color of clay.
   (fear)
9. They stuck out their tongues.
   (surprise)

DISCUSSION:

Tell the students that some of the statements involve expressions which are similar to those in the American culture; others involve expressions which represent different feelings in the two cultures; and others show expressions which are meaningless to our culture.

Statements 1, 5, and 8 indicate emotional expressions which are similar in both American and Chinese cultures.

Statements 3, 6, and 9 indicate different feelings between the two cultures.

Statements 2, 4, and 7 indicate expressions which are meaningful to the Chinese, but relatively meaningless to Americans.

Questions to ask include:

1. What does the demonstration teach us about emotional expressions? (Clearly the expression of some emotions is learned and determined by the culture in which one lives.)

2. Ask what expressions Americans use that may not be understood in different cultures. (For example, "the okay" sign, the custom of men standing when a woman enters the room, shrugging one's shoulders, etc.)

General Psychology
Instructor: Lorry Cology
Activity: EMOTIONAL EXPRESSION

Name _____

Date _____

The following statements are taken from various literary works. Please read the statements and write down next to them the emotions or feelings that you believe are being expressed in each statement.

1. He grit his teeth until they were all but ground to dust. _____
2. He drew up his leg and stood on one foot. _____
3. He laughed a great ho-ho. _____
4. He fanned his face with his sleeve. _____
5. Everyone of his hairs stood on end and the pimples came out on the skin all over his body. _____
6. He clapped his hands. _____
7. He would have swallowed him at one gulp. _____
8. Everyone trembled with a face the color of clay. _____
9. They stuck out their tongues. _____

ACTIVITY: REQUIREMENTS FOR A HEALTHY ADULTHOOD

AREA: Child Psychology/Sex Stereotyping/Personality

SOURCE: Unknown

TIME REQUIRED: 1 hour

MATERIALS: Worksheet

PROCEDURE:

Note first that there are two worksheets; one with a girl's name and one with a boy's name. Before class, mix the sheets together alternating one boy, one girl, etc. Do not tell the students that there are two different worksheets.

Tell the class, "We have been discussing and learning about what influences children. I am going to hand out to you a worksheet with a short description of a child. Based on your experience, your beliefs and what you have learned, check the five characteristics listed which you believe will be order to grow into a happy, competent adult."

Be sure the students do not look at any paper other than their own.

When the students have finished, collect the papers and tally the different boy-girl responses on the chalkboard, and explain to the class about the two different worksheets.

DISCUSSION AND COMMENTS:

I usually save this activity for near the end of a Child Psychology course or before a lecture on sex typing.

There are always differences between what students list as important for each sex. Some of the consistent differences which have shown up in my classes have been: high ratings for boys on "independence;" relatively high ratings for girls on "tactful;" overall low ratings for "aggressive;" suprisingly, aware of others' feelings always rates as very important for boys and girls but "does not hide emotions" is rated low and "easily expresses tender feelings" is rated very low.

This activity always generates much discussion. I've found it useful to steer the discussion toward the questions:

(1) What are the positive and negative aspects of sex stereotyping?
(2) Why does one trait seem to be rated as more important for one sex and not important for another?
(3) What characteristics seem to be rated as especially important for boys and girls alike? Why might this be?
(4) How could we explain why being aware of other's feelings is so important but not hiding emotions isn't? Are we trying to teach children sensitivity and toughness?

CHILD PSYCHOLOGY
INSTRUCTOR: LORRY COLOGY

NAME_____

ACTIVITY
REQUIREMENTS FOR A HEALTH ADULTHOOD

Frannie is a physically healthy six-year-old girl who lives with both parents in a suburb of Toledo. She is attending school. At the present time, there are no other children in the household.

In the list below, check the five characteristics which you believe will be most important for her to have if she is to grow into a happy, competent adult.

_____	aggressive	_____	religious
_____	gentle	_____	does not cry easily
_____	logical	_____	aware of others' feelings
_____	tactful	_____	adventurous
_____	independent	_____	emotional
_____	does not hide emotions	_____	ambitious
_____	competitive	_____	easily expresses tender feelings

CHILD PSYCHOLOGY
INSTRUCTOR: LORRY COLOGY

NAME _____

ACTIVITY
REQUIREMENTS FOR A HEALTHY ADULTHOOD

Ronnie is a physically healthy six-year-old boy who lives with both parents in a suburb of Toledo. He is attending school. At the present time, there are no other children in the household.

In the list below, check the five characteristics which you believe will be most important for him to have if he is to grow into a happy, competent adult.

_____	aggressive	_____	religious
_____	gentle	_____	does not cry easily
_____	logical	_____	aware of others' feelings
_____	tactful	_____	adventurous
_____	independent	_____	emotional
_____	does not hide emotions	_____	ambitious
_____	competitive	_____	easily expresses tender feelings

ACTIVITY: Non-Verbal Expression of Emotions

AREA: Non-Verbal Communication/Emotions

SOURCE: Adapted from Human Relations in Your Career: A Guide to Interpersonal Skills, by D. Johnson (Prentice-Hall, 1978).

TIME One hour (if sets 1 and 2 are used)

MATERIALS: Several decks of pinochle cards, overhead projector, and overhead transparency sheet.

PROCEDURE:

Divide the class into groups of five to six students.

The object of this demonstration is to get rid of one's cards by identifying and expressing emotion.

Part 1

1. Deal out four or five cards to each person.
2. Put the draw deck in the center.
3. The person on the dealer's left picks a card, looks on the overhead projector to see which expression his card represents and attempts to express the emotion represented by the card non-verbally. He may use any sort of facial or body movements, but he may not say anything.
4. Other players check their cards to see if they have a card they believe matches the expresser's emotion.
5. If a player believes he or she has the card, they should place it face down in front of them, if not, they pass.
6. Expresser turns up his card.
7. If a player matches the expresser's card, that player puts his card on the botton of the draw deck. If several players match, they may all put their cards on the botton of the deck.
8. If a player is incorrect in his guess of which emotion the expresser was displaying, he must return it to his hand and also draw an additional card.
9. If no other players matched the expresser's card, the expresser failed to communicate. Expresser must then keep his card and draw another while the other players do not draw penalty cards. If no other person in the group has the same card as the expresser, then the expresser puts that card back in the deck, draws another card and proceeds as before.
10. When a player has two or more cards representing the same feeling, the player must play all or none. If the expression is correctly identified, the player gets rid of all of his cards, if not, the player must then draw that many more cards from the draw deck.
11. The first student in the group to get rid of all his cards is the "winner".

On a transparency sheet, put the following guide:

Card	Emotion
Ace	Happiness
King	Anger
Queen	Disgust
Jack	Fear
10	Sadness
9	Surprise

PART 2 For the second part of the activity the procedure is the same, except use the following set of emotions:

Card	Emotion
Ace	Jealousy
King	Loneliness
Queen	Hope
Jack	Shyness
10	Embarrassment
9	Frustration

NOTE: The rules for this activity are a bit complicated, so I've found it useful to have the class do a few practice cards before starting the actual game.

DISCUSSION:

1. Was one part more difficult than another: (Part 1 should have been easier, because the emotions in Part 1 have been found to be the most accurately recognized by facial cues alone in America and other countries.)

2. Which nonverbal cues seemed most useful--face cues, body position . . . ? (Usually face cues are most useful with Part 1. Body cues are usually used more in Part 2 because these emotions have no commonly recognized facial patterns associated with them.)

3. Were you better at expressing an emotion or interpreting another person's emotion? What might this mean in terms of your interpersonal skills?

COMMENTS:

I used this activity in General Psychology classes, and although the rules are complicated, it is one of the most popular activities I have tried. After the initial confusion and giggling, students participate very enthusiastically and are willing to discuss the results afterwards.

An interesting variation is to separate the groups into all female and all male groups and see which is more skillful at identifying the expressions. (A female student had an exceptionally accurate facial expression for "jealousy" which was recognized by everyone very quickly. Her explanation was, "I use this one on my boyfriend a lot.")

ACTIVITY: Clothes Make the Man

AREA: Stereotypes/Appearance and Decision Making/Non-Verbal Communication

SOURCE: Lorry Cology based on Hoult, R. Experimental Measurement of clothing as a factor in some social ratings of selected American men. American Sociological Review. Volume 19, 1954, p. 324-328.

MATERIALS: Worksheet

PROCEDURE:

Divide the class into small groups and distribute the worksheet.

Tell the class, "Examine the clothing types of the male and female figures. Check the spaces below where you believe the clothing type fits the statement. For each statement, there should be one check mark for a male and one check mark for a female."

After the class has completed the worksheet, pick one or two questions (No. 4, No. 11, and No. 18 tend to generate discussion) and tally the students' results on the chalkboard.

DISCUSSION:

1. What factors influenced your decision most?

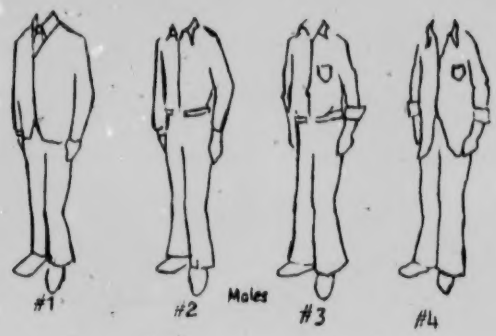
2. How much are our real life decisions based on physical appearance?

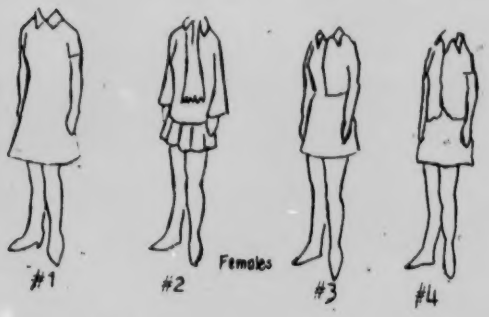
COMMENTS:

This activity seems to work best as an introduction to the area of social psychology, stereotypes, assumptions based on appearance, interpersonal attraction, etc. When presented after a lecture, I found many student had become too "sophisticated" to be able to make decisions on the basis of appearance alone.

ACTIVITY: Clothes Make the Man
INSTRUCTOR: Lorry Cology

NAME_____





Directions: Examine the clothing types of the male and female figures. Check the spaces below where you believe the clothing type fits the statement.

Male				Female				
1	2	3	4	1	2	3	4	
_	_	_	_	_	_	_	_	1. May smoke marijuana.
_	_	_	_	_	_	_	_	2. Has "hippie" trends.
_	_	_	_	_	_	_	_	3. Looks poorest.
_	_	_	_	_	_	_	_	4. Looks like a doctor I would trust.
_	_	_	_	_	_	_	_	5. Is involved in athletics.
_	_	_	_	_	_	_	_	6. Is married.
_	_	_	_	_	_	_	_	7. Is generous.
_	_	_	_	_	_	_	_	8. Looks richest.
_	_	_	_	_	_	_	_	9. Is most likely to go to a disco.
_	_	_	_	_	_	_	_	10. Gets the best grades.
_	_	_	_	_	_	_	_	11. Goes on dates most often
_	_	_	_	_	_	_	_	12. Is dependable.
_	_	_	_	_	_	_	_	13. Was against draft registration.
_	_	_	_	_	_	_	_	14. Lives with parents.
_	_	_	_	_	_	_	_	15. Is most ambitious.
_	_	_	_	_	_	_	_	16. Is probably happiest.
_	_	_	_	_	_	_	_	17. Goes to church regularly.
_	_	_	_	_	_	_	_	18. I would give them a quarter if they said they needed it.
_	_	_	_	_	_	_	_	19. Is open-minded.
_	_	_	_	_	_	_	_	20. Is older.

ACTIVITY: UNPOPULARITY CONTEST

AREA: Social Psychology (Stereotypes/Prejudice)

SOURCE: Psychology Today, November 1975, p. 124.

TIME REQUIRED: 30 Minutes if done individually; 1 hour if done in a group

PROCEDURE: Individually, students are to rank a list of twenty-one disabilities from 1 = most acceptable to 21 = least acceptable.

In small groups, the students are to reach a group consensus as to the rankings of acceptability.

When the rankings have been completed, the supplement (answer key) should be given to the students, and they should compare their answers with the results of G. Tringo's study.

DISCUSSION:

Discussion points may center around:

1. How individual students define "acceptability" - in terms of "I would not mind if this person lived next door," "I would not mind if a close relative married this person," "I wouldn't mind sitting next to this person in class," etc.

2. Did having personal experience with a particular disability, influence acceptability levels? For example - "Did having a cousin who has diabetes increases an individual's acceptability?"

3. Stereotypes - note that students are willing to rank some disabilities without ever having contact with them (how many students have had contact with a hunchback other than seeing Quasimodo in "The Hunchback of Notre Dame?"

Name _____

Psychology
Instructor: Lorry Cology

Unpopularity Contest

How would you rank people with these 21 disabilities in order of their acceptability to you? (1 = most acceptable, 21 = least acceptable). No cop-outs allowed. Saying you would react to all persons equally is not an acceptable answer unless you've been officially canonized by one of the more reputable religions.

DISABILITY	YOUR RANK	GROUP RANK	SURVEY RESULTS
alcoholism	____	____	____
amputee	____	____	____
arthritis	____	____	____
asthma	____	____	____
blindness	____	____	____
cancer	____	____	____
cerebral palsy	____	____	____
deafness	____	____	____
diabetes	____	____	____
dwarf	____	____	____
epilepsy	____	____	____
ex-convict	____	____	____
heart disease	____	____	____
hunchback	____	____	____
mental illness	____	____	____
mental retardation	____	____	____
old age	____	____	____
paraplegic	____	____	____
stroke	____	____	____
tuberculosis	____	____	____
ulcer	____	____	____

L. Cology

(Supplement)

University of Kentucky psychologist John Tringo asked 455 students and rehabilitation workers to rank these disabilities as part of a study of the social distance they felt toward handicapped people. He found that hidden handicaps - (arthritis, asthma, diabetes) were generally most acceptable. Yet cancer, equally hidden, ranked further down the scale. Mental retardation, alcoholism, and mental illness were least accepted.

Here are the results of Tringo's study, starting with the most tolerable.

1. ulcer
2. arthritis
3. asthma
4. diabetes
5. heart disease
6. amputee
7. blindness
8. deafness
9. stroke
10. cancer
11. old age
12. paraplegic
13. epilepsy
14. dwarf
15. cerebral palsy
16. hunchback
17. tuberculosis
18. ex-convict
19. mental retardation
20. alcoholism
21. mental illness

Psychology Today, Nov. 1975, p. 124

ACTIVITY: Tome' Intelligence Test

AREA: Tests and Measurement/Intelligence

SOURCE: Instructor's Manual for Introduction to Psychology by Fernald and Fernald, Dr. L. Federici.

MATERIALS: worksheet

TIME: 25 minutes

PROCEDURE:

Announce that you wish to administer an intelligence test, and then hand out copies of the Tome' Intelligence Test.

After the students have completed the test, read the answers out loud. The answers for the Tome' Intelligence Test are as follows:

1. For what purpose is a chili string used?
   Answer: It is used to dry peppers before they are ground up as ingredients in chili sauce or soup. The chili string is a wire or cord upon which the peppers are strung to dry in the sun.

2. What city is the capital of New Mexico?
   Answer: Santa Fe

3. To whom or what does the term "mocho" refer?
   Answer: The term refers to a Spanish-speaking person who speaks English poorly, especially to someone using a Spanish pronounciation of English words or using a mixture of Spanish and English - so-called "Spanglish."
   Also, the expression sometimes refers to a Spanish-speaking person who does not speak his own language fluently or who pokes fun at himself by speaking English with an exaggerated Spanish accent.

4. Why is the Virgin of Guadalupe widely known?
   Answer: The Virgin is the patron saint of Mexico. A festival is held each year in her honor.

5. What is a god's eye?
   Answer: It is a charm or ornament of Indian origin used in homes and offices, supposedly to bring good luck. It is made of a pair of crossed sticks around which yarn has been woven. A dark color often is used at the center, perhaps suggesting the people, and lighter colors are used on the periphery.

6. Adobe is used for what purpose?
   Answer: Adobe is a building material consisting of a mixture of clay and straw used to construct houses, churches, and other buildings.

7. How do you make luminarios?

   Answer: Fold down the upper edge of a brown paper lunch bag; fill the bag half full with sand; place a candle in the center of the sand and then light the candle. During the Christmas season, luminarios are placed on porches and other places in the home. According to tradition, they guided the three Wise Men on their journey.

Once the students have scored their tests, tell them that there are no validity data or norms for this test and that it was developed for the purpose of this demonstration with the help of psychology students familiar with Spanish and Indian cultural groups of the Southwest.

DISCUSSION:

1. Ask the class: Why did you perform so poorly on this test? (The students may offer various reasons for their poor performance but the chief point to emphasize is the lack of exposure to most of them of this particular cultural background. The test is "biased" against individuals from other backgrounds. Tell the students that they are not "dumb" - just "culturally deprived" - as a middle-classed educator might put it).

2. Is there any such thing as a completely "culture-free" intelligence test? (There is no such test. Attempts have been made to construct them by eliminating language and using only common symbols or geometric signs, but regardless of what designs are used, some are more common than others in certain cultures.

3. Is there such thing as a "fair" intelligence test? (To the extent that a test is valid - that is, to the extent that it measures whatever type of intelligence it is supposed to measure - the test is fair. Thus, the Tome Intelligence Test may be a fair or valid measure of ones ability to perform in the American Indian or Spanish cultures of the Southwest, while most standard intelligence tests may be fair measures of ones capacity to get along in a white middle-classed culture. The two tests, then, are fair measures of the types of intelligence they were designed to measure.

COMMENTS

I usually use this activity in conjunction with a videotape that we have at Owens College, "The IQ Myth" (a special CBS Report).

Also, when introducing the activity, on the chalkboard I put up a "scale of intelligence." Before taking the Tome Intelligence Test, the students are told that a score of seven questions correct would put them in the range of "superior intelligence," five to six questions correct would be "above average intelligence," four questions correct would be "average" intelligence, two to three questions correct would be slightly "below average intelligence," and zero to one questions correct would be within the "needs help" range. Students are also told that they have a four minute time limit to complete the test. The class discusses how it feels to be on the lower end of the scale.

Activity: Intelligence
Instructor: Lorry Cology

Name _____

S.S.# _____

TOME' INTELLIGENCE TEST

1. For what purpose is a chili string used?

2. What city is the capital of New Mexico?

3. To whom or what does the term "mocho" refer?

4. Why is the Virgin of Guadalupe widely known?

5. What is a god's eye?

6. Adobe is used for what purpose?

7. How do you make luminarios?

ACTIVITY: Word Hints to Creativity

AREA: Creativity

SOURCE: Human Relations: A Job-Oriented Approach, by A. DuBrin (Prentice-Hall, 1978)

TIME: 20 minutes

MATERIALS: Worksheet

PROCEDURE:

After distributing the worksheet, tell the students, "The object of this exercise is to find a fourth word that is related to all three words listed below." Answer any questions the students have and go through the examples. When the students have completed the worksheet, tell them the answers. The answers for the worksheet are as follows: 1) party 2) ball 3) cheese 4) cat 5) club 6) dog 7) paper 8) finger 9) high 10) sugar 11) floor 12) green 13) make 14) Dutch 15) light.

Once the students have checked their answers, tell them, "If you were able to think of the correct fourth word for ten or more of the combination of words, your score compares favorably to that of creative individuals. A very low score (about 1, 2 or 3 correct answers) suggests that performing such remote associations is not yet a strength of yours."

DISCUSSION:

Students may be able to discuss the different types of creativity and how they may be measured or evaluated.

Point out to students that some of the items here, while intending to measure ability to form remote associations, depend on knowledge of American culture. For example, the probability of getting item number 14 correct may be increased by having some background in American History. That is, knowledge that when the English and Dutch were disputing the northeast area of the United States, the English devised derogatory terms for the Dutch. For example, Dutch courage meant cowardess, Dutch treat meant a miserly person's behavior, and a Dutch defense was the same thing as a retreat.

What other answers do the students have other than the recommended ones?

Instructor: Lorry Cology

Name _____

Word Hints To Creativity

Directions: The object of this exercise is to find a fourth word that is related to all three words listed below. For example, what word is related to these?

cookies sixteen heart _____

The answer is (sweet). Cookies are sweet; sweet is part of the word "sweetheart" and part of the phrase "sweet sixteen."
Example: What word is related to these words?

poke go molasses _____

(Answer: slow)

Now try these words:

1.	surprise	line	birthday	_____
2.	base	snow	dance	_____
3.	rat	blue	cottage	_____
4.	nap	rig	call	_____
5.	golf	foot	country	_____
6.	house	weary	ape	_____
7.	tiger	plate	news	_____
8.	painting	bowl	nail	_____
9.	proof	sea	priest	_____
10.	maple	beet	loaf	_____
11.	oak	show	plan	_____
12.	light	village	golf	_____
13.	merry	out	up	_____
14.	cheese	courage	oven	_____
15.	bulb	house	lamp	_____

ACTIVITY: EXTRASENSORY PERCEPTION

AREA: Extrasensory Perception

SOURCE: Unknown

TIME: 1 hour (Longer if class is larger than about 35 students)

MATERIALS: A pad of note paper, enough white 3-5/8 x 6-1/2 inch envelopes for each student, and one paper bag.

PROCEDURE:

At the end of the class period before the demonstration is to be presented, pick a reliable student whom you are fairly sure will be present for the next class. Explain the procedure to him and request his help.

It is useful to present a short lecture on ESP before the demonstration and ask the class how many students are sure ESP exists.

Then tell the students, "When I was doing my graduate work at _____ University in Psychology a group of psychic researchers from IPR - The Institute for Psychic Research came into our class and tested us for psychic ability.

"I was one of the lucky ones who scored very high on their test and was selected as a special scholarship student to be trained in ESP."

"I was able to develop a high degree of ESP in a limited capacity. My limitations are these: I cannot use this ability to find out numbers, my ability does not work with total strangers, and I must be in the same room as a person to be able to 'read their mind.'"

"For this demonstration I am going to distribute one identical envelope and one identical sheet of note pad paper to each of you. I would like you to write a short statement about yourself on the note paper, fold it in half when you are finished, put it in the envelope, seal it, and write your name on the outside of the envelope."

"In order to make the procedures as standard as possible, please use only a pencil or blue pen to write your statement. In order to insure that I cannot see through the envelope, make sure you fold your paper in half. But in order to insure that I can't recognize your paper by the way it is folded, do not fold your paper more than once. Also, do not use numbers in your statement." (Demonstrate how to fold paper, put in envelope, and seal.)

"I am going to tell you what you have written without opening your sealed envelope. You are to concentrate on the message you have written. Remember, that since I am going to tell your statement to the entire class, do not write any secrets that you do not want everyone to hear. (This is an important direction to include - once a student didn't really understand the demonstration and wrote, "I hate my mother," on her paper. She was horrified to hear it stated aloud in class.)

"Once you have sealed your envelope, put it into the paper bag I will give you."

"Since this demonstration requires a great deal of psychic concentration on my part, I must ask you to hold your questions and comments until I have finished."

Once you have collected everyone's envelope in the bag, go to the front of the room, draw out each envelope one-by-one, and use your psychic powers to "read" the messages.

The trick? Tell the prepicked student that you are going to pull his envelope out of the bag first and that he should agree to whatever you say he wrote. For example, if you say, "I think you wrote that you lost your car keys last week," tell him to agree even if that wasn't what he wrote.

Once he agrees (and the other students gasp in amazement), tear open "his" envelope and "confirm" your guess by reading it. What you will really be doing is opening another student's envelope and reading the message of the second student you are going to call. Next, pull another envelope from the bag, call the name of the student whose envelope you just read, "concentrate," and tell that student what was written inside his envelope. Open that envelope and "confirm" your guess.

You will always be one envelope ahead of the student you call.

If you happen to pull out the envelope of the student who was first (your helper), concentrate for a moment, mutter something about 'bad vibes,' and put his envelope back in the bag before drawing another.

At the end of the demonstration ask how many students have changed their minds about ESP - and very quickly sell them some swampland in Florida!

Ask for questions before letting them in on the trick of the demonstration. (Then duck under the table - they are likely to throw things at you.)

DISCUSSION:

This activity will generate a great deal of discussion about the necessity for scientific controls in research, fakery in ESP research, the difficulty in attempting to discover whether ESP may exist, etc. A discussion of the actual methods of ESP research is useful along with statistical determination/probability, P. T. Barnum effect.

COMMENTS:

I save this activity for the last class of the semester and tell students that I have to wait until the end of the semester in order to develop 'psychic rapport' with them or the demonstration won't work.

Without a doubt, this is the most popular activity I've done and, I hope, one of the most useful in terms of helping students to critically examine some of the "pop psych" material they may be exposed to through magazines, TV, radio, etc.

ACTIVITY: Defense Reactions to a Broken Romance

AREA: Defense Mechanisms/Coping and Adjustment/Reactions to Stress

SOURCE: Adapted from Instructor's Manual for Introduction to Psychology, 4th Edition, by Fernald & Fernald.

TIME: 45 minutes

MATERIALS: Worksheet

PROCEDURE:

Divide the class into small groups and distribute worksheets.

Indicate the worksheet contains a brief passage in which a 20-year-old college student describes her reactions to a broken romance. Tell the students that you would like them to identify the several defense mechanisms described in the passage.

When the students have completed the exercise, ask the students, "What defense mechanisms are described in the passage?" (The defense mechanisms represented in the passage are: repression--misplacing the earrings, rationalization--boyfriend was a hypocrite who drank too much, reaction formation--hating the loved one, projection--boyfriend is unhappy, also, fantasy--imagining how things would be if her boyfriend returned, and regression--crying and locking herself in her room.)

DISCUSSION:

What are some of the problems in labeling behavior as defensive? (Defense mechanisms, by definition, involve unconscious processes which must be inferred. First, it is often difficult to say for certain when a reaction is defensive. Second, defensive behavior exists on a continuum of consciousness. In the passage, the student seems to be more aware of her rationalization than of her projection.

Would the student be "better off" without her defense mechanisms? (This question may raise considerable speculation and perhaps disagreement among students. In all liklihood, her frustration and disappointment will take other forms, but whether these forms will be more constructive is a matter of opinion. Often defenses can soften trouble, rendering us more capable of dealing with the daily affairs. However, the best adjustment generally is made when we can drop our defenses and cope with life's problems directly.

Is this person "crazy" or "psychologically disturbed"? If she continued to feel/act this way for six years rather than six weeks, what would you think?

COMMENTS:

I've used this exercise in Abnormal Psychology classes after a lecture on the defense mechanisms. It tends to stimulate quite a bit of discussion and also helps me to identify which students understand the defense mechanisms and which are "out in left field."

Instructor: Lorry Cology Name _____

ACTIVITY
DEFENSIVE REACTIONS TO A BROKEN ROMANCE

Read the material below. In the margin of the paper, write the defense mechanism involved and underline the sentence or phrase that supports your conclusion. (Hint: The defense mechanisms you should look for are: fantasy, projection, rationalization, reaction formation, regression, and repression. They are not necessarily in that order.)

A STUDY OF DEFENSIVE BEHAVIOR
(20-year-old college student describing her reaction to a broken romance)

I recently stopped dating a person with whom I had spent the greater part of a year and a half. When he told me that we could not maintain our relationship, I reacted in several different ways. At first, since the loneliness was nearly unbearable, I cried a great deal of the time, felt sorry for myself, did not attend classes, stayed by myself locked in my room, and smoked continually. I was sure that my boyfriend felt as unhappy as I did and even told several friends that this was the case. Later I decided that I hated him. I hated our relationship, and I acted as happy to be free and on my own as I could. I went to parties engaged in light conversa-tions, laughed, and was still miserable. Then I started to imagine what it would be like to be back with my loved one, in his arms, secure, and happy. I reflected for long periods of time upon how happy we had been together and how everything would be perfect if he would only come back to me. I tried to drive all thoughts of him out of my mind. In fact, I misplaced a pair of jade earrings he had given me. Of course, not thinking about him was helpful until I saw him or someone mentioned his name.

Meanwhile, time was passing, and although I was still unhappy, I was beginning to look at the situation somewhat more objectively. I tried to evaluate our relationship and wound up deciding that he was a hypocrite who drank too much and that I was not suited to be a hotelman's wife anyway. I would never be comfortable with the jet set and the type of life they lead. Besides, we really had not known each other or accepted the other's faults and weak points.

ACTIVITY: CRITERIA FOR INSTITUTIONALIZATION

AREA: Abnormal Psychology/Therapy

SOURCE: Lorry Cology

TIME REQUIRED: 30 minutes

MATERIALS: Worksheet

DIRECTIONS:

Divide the class into groups. Discuss their answers when they have completed the worksheet.

The main objectives of the activity are:

1. Indicate the difficulties involved in deciding what is "abnormal behavior."
2. Attempt to distinguish neurotic versus psychotic symptoms.
3. Whether institutionalization is done for the benefit of the client, the benefit of society, or both.

COMMENTS:

This activity has been useful in General and Abnormal Psychology classes, when used in conjunction with lecture on neurotic/psychotic disorders.

Although I prefer to present the lecture first and then the activity, I've also given the activity first and then discussed how the new information presented might alter the students' answers.

General Psychology
Instructor: Lorry Cology

NAME _____

ACTIVITY
CRITERIA FOR INSTITUTIONALIZATION

Suppose that you and your group are in charge of deciding whether or not two admit to people as patients to a mental hospital.

One day a mother and father come in and tell you that they have their son, Fred Fabeetz, in the car. They claim he is "crazy" and want you to "lock him up."

How would you go about trying to decide if Fred should be admitted?

Specifically:
1. What behaviors would you look for while interviewing him?
2. What kind of questions would you ask him?
3. What qualities/characteristics would you look for?
4. Is there anything else you would be concerned about?

ACTIVITY: KNOWLEDGE OF MENTAL ILLNESS TEST

AREA: Abnormal Psychology

SOURCE: Adapted from Essentials of Abnormal Psychology, by B. Kleinmutz.

TIME REQUIRED: ½ hour

MATERIALS: Worksheet and handout sheet.

PROCEDURE:

Distribute the true-false questionnaire and tell the students to complete it based on their knowledge of psychological problems and/or past knowledge from other psychology classes.

When the students have completed the questionnaire ask, "Does anyone have 'True' for all 12?", "For 11?" etc.

Keep a tally of how many students have marked statements true. (I've found that most students mark between 3 and 5 statements true.)

Tell the students that all of the statements are false.

Distribute the handout and discuss the statements.

DISCUSSION AND COMMENTS:

I've found this activity useful for the beginning of an Abnormal Psychology course. It generates quite a bit of discussion about the problems of trying to define "abnormal" and we also talk about what is meant when we say "mental illness."

ABNORMAL PSYCHOLOGY
INSTRUCTOR: LORRY COLOGY

NAME_____

KNOWLEDGE OF MENTAL ILLNESS TEST

Read the twelve questions below. If you believe the statement is True, circle "T" next to the statement. If you believe the statement is False, circle the "F" next to the statement.

T F 1. The abnormal are very different and, therefore, attract immediate attention to themselves.

T F 2. Mental illness cannot be successfully treated.

T F 3. Mental health can be preserved by avoiding morbid (bizarre, irrational) thoughts.

T F 4. All mental illness is transmitted genetically.

T F 5. Masturbation causes insanity.

T F 6. A person can rid himself of unpleasant thoughts and memories if only he tries hard enough.

T F 7. When someone is recovering from a mental illness it is best not to discuss the treatments he has had or is having.

T F 8. Mental health specialists always explain to the client the origins of his troubles.

T F 9. Patients in mental hospitals always speak in words that cannot be understood.

T F 10. Many hospitalized patients try to commit suicide.

T F 11. It is easy for most people to recognize the type of person who is likely to develop a psychological disorder.

T F 12. Most mental health specialists try to teach self-control to their clients.

Source: Essentials of Abnormal Psychology, by B. Kleinmutz.

ABNORMAL PSYCHOLOGY
INSTRUCTOR: Lorry Cology

FICTION	FACT
1. The abnormal are very different and, therefore, attract immediate attention to themselves.	With occasional exceptions, the mentally ill are indistinguishable from the rest of us. Further, many tend to talk about their illness in much the same way that the physically ailing talk about their cardiac or gastrointestinal conditions. In other respects also there is no sharp dividing line between abnormal and normal individuals; rather, there is a continuum of behaviors, with the maladaptive manifestations of the mentally ill being more extreme, less appropriate, and less adaptive exaggerations of normal reactions.
2. You cannot treat mental illness.	This misinformation follows logically from the idea that anomalous behavior is qualitatively different from the normal. While it is true that in many instances only partial recovery is attained, progress in treatment methods generally has increased the likelihood of remission considerable from what it was in the 1940s, 1950s, and 1960s (Brill, 1966; NIMH, 1969). Further, even when genetic or other biological causes are implicated, desirable behavior changes are possible through numerous conditioning and counterconditioning procedures.
3. Mental health can be preserved by avoiding morbid thoughts.	The self-help and leave-your-mind-alone books stress the "power of positive thinking" approach to mental health. However, this approach overlooks the fact the many personality disorders are a consequence of a life-long pattern of faulty learning. Therefore, pleasant preoccupations or so-called positive thinking may be themselves a result rather than an agent of normality.
4. All mental illness is transmitted genetically.	The facts on this matter are far from conclusive, but the evidence gathered to date indicates that hereditary factors predispose persons to some disorders, especially among the psychoses; although the actual illness can be precipitated by stressful environmental impact.

26/A33

FICTION	FACT
5. Masturbation causes insanity.	In terms of any statistical criterion of abnormality, masturbation is normal; however, the guilt and anxiety that is often associated with the act is deep-rooted on our society and is responsible for much of the grief accompanying it. As with any stricture that parents or teachers try to force on their children for their "own good," over enthusiasm associated with enforcement often carries with it some severe threats, the most severe being that the child will go crazy. And, in the case of masturbation, there are religious as well as societal tenets forbidding this practice.
6. A person can rid himself of unpleasant thoughts and memories if only he tries hard enough.	There are some neuroses (depression, obsession, and compulsion) and many psychoses in which the primary symptoms are unacceptable and abhorrent thoughts. Persons with these thoughts simply cannot banish them from their minds, although they try hard to do so.
7. When someone is recovering from a mental illness it is best not to discuss the treatments he has had.	There is nothing more disconcerting to the former mental patient than to be ignored or, perhaps even worse, to be treated as a curiosity piece. One should show the same concern and use the same discretion in inquiring about his experience and present condition as one would with a person who is recovering from physical illness.
8. The mental health specialist explains to the patient the origin of his troubles.	This is not true. In more cases than he might care to admit, the specialist does not know the origin of the problem. But even if he were to know causes, simply explaining them may not be of value; more than just an intellectual grasp of one's problems is generally necessary. Emotional understanding and acceptance are every bit as essential. In some cases it is equally important to attempt to change habits and behavior.
9. Patients in mental hospitals speak in words that cannot be understood.	Only a small proportion of hospitalized patients are incoherent or incomprehensible. Most people in mental hospitals speak quite logically and articulately.
10. Many hospitalized patients try to commit suicide.	The problem of suicide prevention is a serious one with many depressed persons, as well as with drug and alcohol addicts. But only a negligible group of other mentally ill patients threaten or attempt to kill themselves.

26/A34

FICTION	FACT
11. It is easy for most people to recognize the type of person who is likely to have a behavioral disorder.	Prediction of mental illness, at best, is a difficult task for the expert, and even psychodiagnosis is not always as accurate as specialists would like. Without adequate training in using the tools and skills of the mental health specialist, diagnosis or prediction of psychopathology is a difficult venture in all but the most extreme cases of illness.
12. Mental health specialists try to teach self-control to their clients.	This implies that psychologists teach and that patients need emotional control in order to become well. Psychotherapy does not consist of lessons in the ordinary sense that educators use the term; rather, it is a restructuring of habits and coping mechanisms. Furthermore, emotional self-control is neither a symptom nor a cure for recovery of mental health because there are probably as many cases where over control is as prominent as loss of self-control.

Source: Essentials of Abnormal Psychology, by B. Kleinmutz.

26/A35

ACTIVITY: SAMPLES OF VERBAL BEHAVIOR

AREA: Abnormal Psychology

SOURCE: Adapted from Instructor's Resource Book to Accompany Psychology and Life by Zimbardo and Ruch, Dr. L. Federici.

TIME: 45 minutes

MATERIALS: Worksheets

PROCEDURE:

Divide the class into groups and distribute the worksheet.

Tell the students, "Attached are six samples of verbal behavior, three are excerpts from poetry and three are verbalizations made by male schizophrenics. Read them and then fill in the table below. Mark P if you think the selection is part of a poem and S if you think it is from a schizophrenic. Describe under "comments" the rationale for your decision. The figures at the end represent students from Yale, Stanford, and New York University." Have one member of their group read each selection aloud.

After the class is finished making their decisions, take a hand tally for each of the selections and indicate which are the correct decisions.

The following is an answer key for the worksheet.

EXAMPLE	P/S	COMMENTS	% Wrong
I	Schizophrenic		40.3
II	Poet	Source: G. M. Hopkins, "The Leaden Echo"	24.4
III	Schizophrenic		33.5
IV	Poet	Source: G. Stein, "If I Told Him: A Completed Picture of Picasso"	64.4
V	Schizophrenic		50.0
VI	Poet	Source: E. E. Cummings, "#16"	39.7

The verbal selections made by male schizophrenics were responses to being asked to explain the meaning of several proverbs.

DISCUSSION:

1. Discuss difficult and easy samples. If anyone was correct in all six decisions, ask if there was a method used to make their decision.

2. Discuss the difficulties involved in distinguishing "normal" from "abnormal" behavior. Mention that sometimes behavior is defined by society. For example, while poets get paid for verbalizations such as these, schizophrenics do not. Mention also that there is a differing amount of control. For example, poets can control their verbal behavior while it seems that schizophrenics cannot control their verbalizations.

COMMENTS:

I usually use this activity after lecturing on a chapter about abnormal behavior in a General Psychology class.

Having the students read each sample silently and individually "instead of in a group" decreases the amount of time required for the activity. However, classes usually enjoy working on this activity as a group.

Instructor: Lorry Cology Name _____

ACTIVITY
SAMPLES OF VERBAL BEHAVIOR

Attached are 6 examples of verbal hehavior, 3 are excerpts from petry and 3 are verbalizations by male schizophrenics. Read them and then fill in the table below. Mark P if you think the selection is part of a poem and S if you think it is from a schizophrenic. Describe under "Comments" the rationale for your decision. The figures at the end represent student responses from Yale, Stanford, and NYU.

TABLE

EXAMPLE	P/S	COMMENTS	% Wrong
I			40.3
II			24.4
III			33.5
IV			64.4
V			50.0
VI			39.7

Examples of Verbal Behavior

I

"A person once thought of, once said, wants to be admired, to be thought of as once said to be shown and admired, if it happens when and when to think of the individual, to think, but only as a guess on someone else's part. If it happened to be. it was supposed to have been done by another person then to ever have done such a foolish thing then is ever not to having. It must slip away into the imaginary when it takes, and then relieves it of all its, evidently a laugh is enough although it shouldn't be done in a way to make it difficult for a person why it is or isn't being done. If it is to show a person, why is it ridiculous?"

II

"No there's none, there's none, o no there's none, nor can you long be, what you now are, called fair, do what you may do, what, do what you may, and wisdom is early to despair: be beginning; since, no, nothing can be done to keep at bay age and age's evils, hoar hair, ruck and wrinkle, drooping, dying, deaths worst, winding sheets, tombs and worms and tumbling to decay; so be beginning, be beginning to despair."

III

"Take less place. Cat didn't know what Mouse did and Mouse didn't know what Cat did. Cat represented more on the suspicious side than the mouse. Dumbo was a good guy. He saw what the cat did, put himself with the cat so people wouldn't look at them as comedians. Cat and Dumbo are one and alike, but Cat didn't know what Dumbo did and neither did the mouse."

"Everyone should have a good laugh. Don't cry over it. Don't tell anyone-they will tell someone. Appreciate it without criticism. A word like milk shouldn't be mentioned."

IV

"So to beseech you as full as for it. Exactly or as kings. Shutters shut and open so do queens. Shutters shut and shutters and so shutters shut and shutters and so and so shutters and so shutters shut and so shutters shut and shutters and. So an so shutters shut and so and also. And also and so and so and also. Exact resemblance to exact resemblance the exact resemblance as exact as a resemblance, exactly as resembling, exactly resembling, exactly in resemblance exactly a resemblance, exactly and resemblance. For this is so. Because. Now actively repeat at all. . ."

V

"Leaves have to be thought of too. If no leaves, no stone. If leaf didn't have no place, then stone shouldn't have no place. If tree had no place, there wouldn't be any leave.

"Man was very wise and went more ahead, to his own satisfaction proved to where it takes to destination also informing it before ever having it. Imagine, people do wonderful things without ever knowing it.

"Gratitude becomes more than itself to prove to one's capabilities to have to oneself without any doubt or undoing in the mind. Something, then again, nothing. If it were, it would be more approved to be than not to be."

VI

"When what hugs stopping earth than silent is/more silent than more than much more is or/total sun oceaning than any this/tear jumping from each most least eye of star/ and without was if minus and shall be/immeasurable happenless unnow/shuts more than open could that every tree/or than all life more death begins to grow"/

ACTIVITY: REINFORCEMENT OF BIZARRE SPEECH

AREA: Abnormal Behavior/Operant Conditioning/Therapy

SOURCE: Lorry Cology - Based on the results of Ayllon, T. and Michael, G. The Psychiatric Nurse as the Behavioral Engineer. Journal of the Experimental Analysis of Behavior, 1959, Volume 2, pp. 323-334. Conversations from various textbooks.

TIME: One Hour

MATERIALS: Worksheet

DIRECTIONS:

Have students divide into groups. For each example, one student should play the role of "doctor" and one should play the role of "client."

Students indicate instances where the doctor is reinforcing or encouraging abnormal speech. (Sophisticated classes may be able to identify possible diagnoses, delusions, neologisms, clang association, etc.)

ANSWER KEY:

Example 1 - Shows some presence of reinforcement. Hebephrenic and paranoid indications. Neologisms present.

Example 2 - Clear evidence of reinforcement.

Example 3 - There is some evidence of reinforcement: The doctor is apparently accepting some of the client's beliefs and paranoid delusions.

Example 4 - No reinforcement. The client's last statement indicates perhaps a sudden insight. One does not know if he is "faking" or just aware that he is having problems communicating.

Example 5 - No reinforcement present, clang association and neologisms present.

Example 6 - Some reinforcement of paranoid delusions of persecution and grandeur.

Example 7 - No reinforcement. Hebephrenic disturbance. Neologisms present.

Example 8 - Not much reinforcement. No obvious delusions. Simple schizophrenia.

Example 9 - Doctor is encouraging client to admit "craziness." The person does not admit that he has problems.

Example 10 - A great deal of reinforcement. Instead of looking for ability to practically live outside of the institution, the doctors are baiting the client.

DISCUSSION:

1. Discuss the viewpoint that bizarre speech is an indicator of a deep psychological "need" which must be thoroughly analyzed before help is possible.

2. Discuss the problems associated with verbal therapy when attempting to work with severely disturbed people.

COMMENTS:

This activity is a bit too sophisticated for a General Psychology class, but it is very useful in an Abnormal Psychology class following a lecture on schizophrenia and/or therapy. It also seems to have a high relevance for nursing and other health technology students.

I found that students frequently are rather shocked at the dialogue in the tenth example and asked if it is "real." The source for the last example is R. Perrucci's Circle of Madness: On Being Insane and Institutionalized in America (New Jersey: Prentice - Hall, Inc.), 1974. $2.95

Instructor: Lorry Cology

NAME _____

DATE _____

ACTIVITY
REINFORCEMENT OF BIZARRE SPEECH

The following examples are actual samples of conversations between people who have psychological problems and various doctors (psychiatrists and psychologists).

Read each example and indicate the ones in which the doctor seems to be reinforcing and/or encouraging the client's psychotic speech. (Hint: Consider whether a doctor would talk this way with a "normal" person.)

In some examples you might be able to identify some of the characteristics of psychotic speech (such as "word salad," delusions, neologisms, etc.) and possibly make a tentative diagnosis of the disorder (such as hebephrenic, paranoic, etc.). If you notice any of these characteristics, write them in the space for "comments."

	Presence of R or Encouragement?	Comments
Example 1		
Example 2		
Example 3		
Example 4		
Example 5		
Example 6		
Example 7		
Example 8		
Example 9		
Example 10		

First Example

Doctor: "What would you like, Mr. Kelly?"
Client: "The power of the ancients. The Asunder. I want the Asunder."
Doctor: "Did you ever have the power before? Was it something you lost?"
Client: "Holy, Holy, Holy, Holy, Adonai Echod, Deum Laudamus, Ex Post Christo, Ex Post Facto, Ex Rel Post Office. There you have it."
Doctor: "Why are you here?"
Client: "I was sent by the government to the United States to Washington to some star, and they had a pretty nice country. Now you have a body like a young man who says he is of the prestigitis."
Doctor: "Who was this prestigitis?"
Client: "Why, you are yourself. You can be prestigitis. They make you say bad things; they can read you; they bring back people from the dead."

Second Example

Doctor: "What is your name?"
Client: "My name is Clyde Benson. That's my name straight."
Doctor: "Do you have any other names?"
Client: "Well, I have other names, but that's my vital side, and I made God five and Jesus six."
Doctor: "Does that mean you're God?"
Client: "I made God, yes. I made it 70-years-old a year ago. Hell! I passed 70-years-old."

Third Example

Doctor: "Why are you in the hospital?"
Client: "I shouldn't be here."
Doctor: "Who brought you here?"
Client: "The police."
Doctor: "What trouble did you have with the police?"
Client: "Cops don't do their job."
Doctor: "What do they do instead?"
Client: "Cops arrest the wrong people."
Doctor: "They arrest the right ones sometimes."
Client: "The law should get those Italian crooks."
Doctor: "Are you Italian?"
Client: "My background was British, but I was born in this country."
Doctor: "Do you know any Italian crooks?"
Client: "I try to avoid the underworld."
Doctor: "Are you afraid of the underworld?"
Client: "The Mafia are the worst gangsters."
Doctor: "Are you connected with the Mafia?"
Client: "Racketeers do anything they want."
Doctor: "Are you connected with the Mafia?"
Client: "You know, they know me."
Doctor: "How do they know you?"
Client: "They spy on me."
Docotr: "Why do they?"
Client: "They want to get false evidence to frame me."

Fourth Example

Doctor: "What is your name?"
Client: "It is called fast colors."
Doctor: "What is your father's name?"
Client: "He put his head on the railroad track and see where he is today. He's in heaven."
Doctor: "Do you have any children?"
Client: "How are you today?"
Doctor: "What work did you do?"
Client: "I drove machines all around the corner."
Doctor: "Where do you live?"
Client: "I am not, and never was, foolish. I live in the barracks."
Doctor: "Have you ever seen me before?"
Client: "Well, according to your word, I will stretch it. Well, according to your word, I will stretch it. Well, according to your word, I will stretch it."
Doctor: "What is your name?"
Client: "Between you and me and him and the airplane."
Doctor: "What day is it?"
Client: "According to my brain, it is two weeks from tomorrow."
Doctor: "What time of day is it?"
Client: "It is sub-noon in Egypt."
Doctor: "How old are you?"
Client: "Diagram."
Doctor: "What city is this?"
Client: "I am out of my brain today. City in mind. You are not getting any more sense out of me than out of a turnip!"

Fifth Example

Doctor: "How are things going today, Ernest?"
Client: "Okay for a slump."
Doctor: "What is a slump?"
Client: "A slump is a dump."
Doctor: "That doesn't make any sense."
Client: "Well, when you go to the next planet from the planet beyond the planet beyond that landed on the danded and planded on the slanded."
Doctor: "Wait a minute. I didn't follow any of that."
Client: "Well, when we was first bit on the slit on the rit and the man on the ran or the pan on the ban and sand on the man in the pan of the ban on the can on the man on the fan on the pan. (All spoken very rhythmically, beginning slowly and building up to such a rapid pace that the words could no longer be understood.)
Doctor: "What's all that hitting your head for, and why are you waving your arms?"
Client: "That's to keep the boogers from eating the woogers. Well, it was a jigger and a figger and a bigger and me and I'll swap you for a got you and a fair-haired far for a bar and a jar for a tar and a rang, dang, ting, tang, with a bbee shag, he shag."

SIXTH EXAMPLE

Doctor: "What is your name?"
Client: "Who are you?"
Doctor: "I'm a doctor. Who are you?"
Client: "I can't tell you who I am."
Doctor: "Why can't you tell me?"
Client: "You wouldn't believe me."
Doctor: "What are you doing here?"
Client: "Well, I've been sent here to prevent the Russians. I'm the only one in the world who knows how to deal with them. They got their spies all around here to get me, but I'm smarter than any of them."
Doctor: "What are you going to do to prevent the Russians?"
Client: "I'm organizing."
Doctor: "Whom are you going to organize?"
Client: "Everybody. I'm the only man in the world who can do that, but they are trying to get me. But I'm going to use my atomic bomb to blow them up."
Doctor: "You must be a terribly important person then."
Client: "Well, of course."
Doctor: "What do you call yourself?"
Client: "You used to know me as Franklin D. Roosevelt."
Doctor: "Isn't he dead?"
Client: "Sure he's dead, but I'm alive."
Doctor: "But you're Franklin D. Roosevelt?"
Client: "His spirit. He, God, and I figured this out. And now I'm going to make a race of healthy people. My agents are lining them up. Say, who are you?"
Doctor: "I'm a doctor here.
Client: "You don't look like a doctor, you look like a Russian to me."
Doctor: "How can you tell a Russian from one of your agents?"
Client: "I read eyes. I get all my signs from eyes. I look into your eyes and get all my signs from them."
Doctor: "Do you sometimes hear voices telling you someone is a Russian?"
Client: "No, I just look into their eyes. I got a mirror here to look into my own eyes. I know everything that's going on. I can tell by the color, by the way it's shaped."
Doctor: "Did you have any trouble with people before you came here?"
Client: "Well, only the Russians. They were trying to surround me in my neighborhood. One day they tried to drop a bomb on me from the fire escape."
Doctor: "How could you tell it was a bomb?"
Client: "I just knew."

SEVENTH EXAMPLE

Doctor: "How do you feel today?"
Client: "Fine."
Doctor: "When did you come here?"
Client: "1416, you remember Doctor (silly giggle)."
Doctor: "Do you know why you are here?"
Client: "Well, in 1951, I changed into two men. President Truman was judge at my trial. I was convicted and hung (silly giggle). My brother and I were given back our normal bodies five years ago. I am a policewoman. I keep a dictaphone concealed on my person."
Doctor: "Can you tell me the name of this place?"

Client: "I have not been a drinker for 16 years. I am taking a mental rest after a "carter" assignment or "quill." You know, a "penwrap." I had contacts with Warner Brothers Studios and Eugene broke Phonograph Records but Mike protested. I have been with the police department for 35 years. I am made of flesh and blood--see, doctor (pulling up her dress)."

Doctor: "Are you married?"

Client: "No. I am not attracted to men (silly giggle). I have a companionship arrangement with my brother. I am a "loner"... a bachelor."

EIGHTH EXAMPLE

Doctor: "Do you know who I am?"
Client: "A doctor, I suppose."
Doctor: "How do you feel?"
Client: "Oh--OK, I guess."
Doctor: "Do you know where you are?"
Client: "It's a hospital."
Doctor: "Why are you here?"
Client: "I don't know...I don't think I should be here. I'm all right."
Doctor: "Where would you rather be?"
Client: "I don't care, just out...I don't know. Maybe with some people or something. I don't care. There were some guys I used to know."
Doctor: "What did you do with those fellows?"
Client: "I don't know, just go around."
Doctor: "How do you like it here?"
Client: "I don't know, I don't care. It's all right, I guess. I liked the boys though. I used to know them."
Doctor: "And you used to like them?"
Client: "Yes, they were all right, I guess."
Doctor: "Who is "they"?
Client: "Some men. I don't know them by name."
Doctor: "Can you think of any reason why you should be here?"
Client: "No, I'm all right. I feel all right. I'd like to be with the fellows I used to know."
Doctor: "Are there any fellows here you like?"
Client: "I don't know. They are OK, I guess."
Doctor: "Do you think the men who brought you here had it in for you?"
Client: "No. They were nice to me. They were all right. They didn't have it in for me or hate me or anything."
Doctor: "Do you ever hear strange noises?"
Client: "No, I never do that. I'm not crazy."

NINTH EXAMPLE

Doctor: "When did you come into the hospital?"
Client: "About 12 years ago."
Doctor: "Were you here before?"
Client: "No."
(The doctor checks the client's folder and indicates that she did have a previous hospitalization there.)
Doctor: "What brought you to the hospital?"
Client: "My nerves."
Doctor: "Do you think you're ready to go home?"
Client: "Yes, I want to get back to my home and family."
Doctor: "Have you talked to your husband about this?"
Client: "No, I don't see him much."
Doctor: "Has he been here to visit?"
Client: "No."
Doctor: "Any other reason besides nerves that brought you to the hospital?"
Client: "No, I don't think so."

Doctor: "Did you do or say anything?"
Client: "No."
(Client was committed for attacking her husband. This fact was indicated by the doctor when the patient was introduced.)
Doctor: "If you could not go home with your husband, could you go elsewhere?"
Client: "Maybe someone else in the family, but I got my own home and husband."
Doctor: "How do you get along with your husband?"
Client: "O.K."
Doctor: "Did you ever hit him?"
Client: "I don't know; I don't think so."
Doctor: "Do you recall what you did in the past?"
Client: "Some things I do."
Doctor: "How do you get along with people?"
Client: "O.K."
Doctor: "Why did you come here?"
Client: "It was my nerves, they got away from me."
Doctor: "How do they get away from you?"
Client: "Oh, I don't know. I had a nervous breakdown."
Doctor: "How is the world treating you?"
Client: "O.K."
Doctor: "Is everybody your friend?"
Client: "I get along all right."
Doctor: "Anybody control your mind?"
Client: "No."
Doctor: "Can you read other people's minds?"
Client: "No."
Doctor: "Do people talk behind your back?"
Client: "No."
Doctor: "Do you hear voices?"
Client: "No."
Doctor: "Do you talk to the Lord?"
Client: "No."
Doctor: "Do you have any future plans?"
Client: "What do you mean?"
Doctor: "What can we do for you?"
Client: "Let me go home to my husband."
Doctor: "Have you talked to him about going home?"
Client: "No."
Doctor: "How do you know he wants you?"
Client: "I know he does. He's my husband."
Doctor: "When did you hear from him last?"
Client: "I don't know. He doesn't write."
Doctor: "Do you write him?"
Client: "No."

TENTH EXAMPLE

This example involves a client who has requested a discharge from the hospital. She is being interviewed by several psychiatrists and a nurse who will decide whether or not she is able to leave the hospital or not.

Doctor: "I see where you want to get a job at Benson Hospital."
Client: "Yes, I talked with their lab director the last time I was in Benton and he was interested."
Doctor: "Do you think you would like lab work as a permanent job?"
Client: "Oh, yes, I enjoy my work here very much."

Doctor: "It's really not easy work running all those tests. Are you bothered by the blood tests?"
Client: "No, I don't mind them."
Doctor: "Do you know who the governor of Ohio is?"
Client: "Governor Rhodes."
Doctor: "Do you remember when you first came to this hospital?"
Client: (Provides appropriate answer).
Doctor: "How do you know you'll get a job at Benton Hospital if you're discharged?"
Client: "I told you I talked to the lab director, and he was interested."
Doctor: "Suppose he's not as interested as he appeared to you? Where will you work if you can't get a job at Benton Hospital?"
Client: "I think I know my lab work well enough to get a lab technician job somewhere."
Doctor: "Well, let's see how much lab work you really know."
(The doctor asked the client more questions regarding the various procedures and lab tests. After the last question, the doctor indicates that the client does know her lab work.)
Doctor: "How do you get along with the other patients?"
Client: "Not very well. I have a few close friends, but I don't socialize with the other patients."
Doctor: "What bothers you about the other patients?"
Client: "Oh, I don't know. I just don't like living in the hospital."
Doctor: "Do you think we have helped you while you've been here?"
Client: "No, I don't."
Doctor: "What kind of treatment have you had here?"
Client: "Lobotomy and shock."
Doctor: "Do you think it has helped you or tortured you?"
Client: "I think it's tortured me."
(This response brings a stir from others present at the staff meeting.)
Doctor: "Do you mean that we did these things just to torture you?"
Client: "Oh, no, I'm sure that when they give shock treatment they mean to help. I don't think they have."
Doctor: "Besides not liking it here, why do you want to go to work?"
Client: "For one thing, I want to start earning my own money, and making my own way."
Doctor: "If you want to make money, we can probably find plenty of opportunities for you to make money right here."
Client: "You mean like washing cars. I'm already doing that."
Doctor: (In an annoyed tone) "No, I don't mean washing cars. You could probably work full-time in the lab right here on a work-placement."
Client: "I already asked another doctor about a job opening in histology, and he said there weren't any. Anyway, I would do much better if the hospital would free me."
Doctor: "What do you mean, "free you"?
Client: "Well, it would be just like the other work-placements I've had. You're never really free."
(It was at this point in the staffing meeting that the observer noted the beginnings of the change in staff behavior. The client's response about "never really being free," was followed by the exchange of glances among the doctors. These glances indicated that they had, so to speak, "picked up the scent." Staff participation at this point no longer followed the orderly procedure of the staff director asking individual members if they had any questions. The physicians spoke whenever they wished, sometimes cutting in on each other, and sometimes several speaking at the same time. The normal speaking tone vanished as pronouncements and accusations were directed at the client.)

Doctor: "But if you stayed here on a work-placement, you would be free to come and go on your own time. It would be just like a job."

Client: "No. You would still be controlling me if I stayed here."

Doctor: "Do you mean we control your mind here?"

Client: "You may not control my mind, but I really don't have a mind of my own."

Doctor: "How about if we gave you a work-placement in another hospital. Would you be free then? That is far away from here."

Client: "Anyplace I went, it would be the same set-up as it is here. You are never really free; you are still a patient, and everyone you work with knows it. It is tough to get away from the hospital's control."

Doctor: "That's the most paranoid statement I ever heard."

Nurse: "How can you say that? That doesn't make any sense. (The nurse is standing up at this point.) It's just plain crazy to say we can control your mind."

Nurse to Doctor: "I had no idea she was that sick. She sure had me fooled. (Turning to the client again) You are not well enough for a discharge, and you had better realize that."

Doctor: "She's obviously paranoid."

ACTIVITY: PREDICTING SUCCESS IN THERAPY

AREA: Therapy

SOURCE: Instructor's Manual for Introduction to Psychology, 4th Edition, by Fernald & Fernald, Dr. L. Federici.

TIME: One hour

MATERIALS: Handout of five important prognostic signs and case studies.

PROCEDURE:

Divide the class into small groups.

Read the following statement to the class, "Whenever someone develops a mental or emotional disorder, the important question about chances for partial or complete recovery arises. The prediction about recovery, whether favorable or unfavorable, is called a prognosis, and the behavioral, situational, and biographical events used in arising at a prognosis are called prognostic signs."

Distribute the handout on the different prognostic signs to the class and discuss each prognostic sign. Ask students if they have any questions about the prognostic signs, and answer any questions they raise.

Distribute the case histories to the class. Indicate to the class that they should read the four short case histories, and that they should rate them in terms of prognosis (1 = most foavorable, 4 = least favorable). Students should also fill in the table for the prognostic data on the front of their case history sheets.

SUMMARY SHEET ANSWER KEY

Prognostic Sign	Marjorie A.	Kevin M.	Olivia N.	Martin S.
Age	27	33	18	27
Symptoms	Mild	Severe	Mild	Moderate
Precipitating event(s)	Mild	Mild	Severe	Mild
Previous adjustment	Satisfactory	Poor	Satisfactory	Unstable
Self-responsibility	Yes	?	Yes	No
Rank for overall prognosis	2	4	1	3

Ask the students, "How do the clients compare with regard to prognosis?" (Olivia N. has the most favorable prognosis. She is youngest and appears to take responsibility for her difficulties. Her previous adjustment was good and the precipitating events severe. These are all favorable prognostic signs.

Kevin M. clearly has the poorest prognosis. He is the oldest and has been hospitalized on two previous occasions. A precipitating event is not mentioned, thus suggesting it was either very mild or unapparent. There is little evidence to suggest that Kevin takes responsibility for his difficulties, and his symptoms indicate severe disturbance.

It is a close choice between Majorie A. and Martin S., but the former appears to have a better prognosis. Most important, Marjorie A. takes responsibility for her problems, whereas Martin S. denies his difficulties.

DISCUSSION/COMMENTS:

I found this activity to work well with Abnormal Psychology classes.

Some students had some difficulty understanding that severe precipitating events indicated a more favorable prognosis.

In one class, we had an interesting discussion centered around the question, "If there is only a limited amount of money for psychological care, would it be ethical to focus the majority of it on the people most likely to improve?"

ABNORMAL PSYCHOLOGY
INSTRUCTOR: LORRY COLOGY

PREDICTIONS OF SUCCESS IN THERAPY

IMPORTANT PROGNOSTIC SIGNS

1. Age

   Younger individuals are more likely to recover than older persons.

2. Symptoms

   Certain symptoms, particularly those associated with psychosis, such as hallucinations and delusions, suggest an unfavorable prognosis. A more favorable outcome is indicated when psychosomatic complaints, fatigue, or anxiety are the chief symptoms.

3. Precipitating Event(s)

   Extreme or severe precipitating events, such as loss of a close friend or family member, suggest a favorable prognosis. When precipitating events are mild or not apparent, prognosis is less favorable.

4. Previous Adjustment

   The chances for recovery are greater when adjustment prior to the present problem was good. Similarly, a history of poor adjustment suggests an unfavorable prognosis.

5. Self-Responsibility

   Prognosis is more favorable if the individual accepts responsibility for his or her difficulties. A person who seeks help of his own accord has a better prognosis than one who is coerced to do so by a family member or others.

Activity: Predictions of Success
Instructor: Lorry Cology

Name _____

Instructions:

Whenever someone develops a mental or emotional disorder, the important question about chances for partial or complete recovery arise. The prediction about recovery, whether favorable or unfavorable, is called a prognosis, and the behavioral, situational, and biographical events used in arriving at a prognosis are called prognostic signs.

Read the following four case histories and rate each of them in terms of prognosis. Decide who would be the most likely to recover, second most likely, third, and least likely to recover.

Prognostic Sign	Majorie A.	Kevin M.	Olivia N.	Martin S.
Age				
Symptoms				
Precipitating event(s)				
Previous adjustment				
Self-responsibility				
Rank for overall prognosis (1 to 4)				

Case 1 -- Marjorie A.

Marjorie A. was a 27-year-old unmarried woman, who applied for the first time for a treatment in a community outpatient clinic. She had, for the past two years, been living in a small apartment in a medium-sized city in the southeast. She was the only child of a western Maryland couple who separated when she was in her infancy, and Marjorie saw her father only on rare occasions. Her mother operated a small business to support Marjorie and herself and was thus not readily available as a companion to a growing child. Her closest friend during the grade school years was a male cousin who lived nearby, and with him she shared masculine interests and activities. In high school, she preferred scientific and technical courses, and in college, she elected mechanical engineering as her major. She attended the state university and was graduated with honors. After working for an engineering firm for two years, she accepted a position on the faculty of a small technical school in the southeast. Because she had some difficulty dealing with large, predominantly male, classes she gave up this job after three years and took her most recent position in the research department of an industrial firm.

For several years, she had devoted herself to her work, to the exclusion of any social life. However, for the four years prior to her application for treatment, she had been seeing a young man regularly, and felt that she had developed a closer relationship with him than she ever had with any other person. Although she had always felt guilty and inhibited over sexual matters, after seeing this boyfriend for 2½ years she began having an affair with him. This was a source of both satisfaction and much uneasiness for her.

The symptom which brought her to the clinic appeared approximately when she began seeing her boyfriend. It consisted of a rash which was apt to erupt on any part of her body, but particularly on her arms and face. During the 18 months prior to her coming to the clinic, it had begun appearing more frequently. She was under the care of a dermatologist (skin doctor) for this condition but found that, despite this, whenever she felt that she was under pressure, her symptoms intensified. Along with this, she noticed that her appetite had diminished during the past year and that she had become somewhat underweight.

It was recommended that Marjorie be seen in psychotherapy for this disorder. It was felt that there was an important connection between her relationship with her boyfriend and the symptoms which might profitably be explored.

Case 2 -- Kevin M.

Kevin M., a 33-year-old unmarried man, was admitted by his family for the third time to a state mental hospital in the northeast. The oldest of three children, Kevin was born to an Irish immigrant couple in a large northern city. His father was a laborer who drank frequently and provided little support for the boy. However, Kevin was close to his younger siblings and extremely dependent on his mother, who was a rather rejecting, bitter person who resented her lot in life. He reached the seventh grade in school, but left before graduation at the age of 15 in order to work at a series of odd jobs. He served as an errand boy and as a laborer, working regularly, except when he went on alcoholic sprees. These would occur at about six month intervals, and usually lasted for a period of approximately two weeks. The tavern provided his only source of social life, and he was never known to have dated.

Kevin's first admission to a mental institution was at the age of 25 when, during one of his alcoholic sprees, he began to hear threatening voices. Upon admission he was very apprehensive and thought that somebody wanted to injure him. This subsided spontaneously after a month of hospitalization, and he was released. Perhaps due to his fright over his experience, Kevin began to drink much less, and worked regularly as a construction laborer for the next four years. Then his work habits changed radically, and he would appear only irregularly. When his family noticed that he was laughing to himself, making unusual facial grimaces, and not talking to anyone, he was again referred to the hospital.

He appeared very depressed and retarded in his activity when he entered the hospital, and was dull and apathetic on the ward. He was paroled in the custody of his mother, but began to drink steadily, lost his job, and was returned to the hospital. Kevin seemed indifferent to this, and appeared content to remain on the ward. When he was again paroled, he refused to work, preferring to remain around the house. When his brother obtained a job for him as a ticket taker in a subway, he was discharged from the hospital. After a short time on this job he became involved in a conflict with some patrons and was fired. At this time he began to have a series of gastric (stomach) disturbances, and finally took a solution of muriatic acid and lye, but then told his brother what he had done and was rushed back to the hospital.

Case 3 -- Olivia N.

Olivia N., an 18-year-old high school graduate, applied to a private psychologist for treatment to help her with her problems. She had finished her schooling about one year before and was working as a stenographer in the office of an insurance company. She was living at home in the lower middle-class neighborhood where she had been reared as the youngest of three children of immigrant parents.

Olivia's early life was described as quite pleasant. She had a married sister who was 12 years older than she and with whom she did not have much in common, but her brother, who was 8 years older, had always been close to her and had gone out of his way to shelter her. Her parents were described as indulgent, older people who spoiled her in many ways and who were, on the whole, loving and warm. When Olivia was about 12 years old her bachelor uncle, a machinist, suffered a severe injury to his legs in an industrial accident and, as a result, was not able to walk. This forced him to retire prematurely and he moved in with Olivia's family and spent the last six years of his life at home in a wheelchair. Olivia was very devoted to him during this period and went out of her way to be with him and help him pass the time pleasantly. This was particularly the case on festive occasions, such as New Year's Eve when other girls her age might be attending parties and staying out late. She preferred to keep her uncle company and give him what cheer she could. In general, Olivia did not seek close relationships with boys, preferring to go out with large groups of girls and relating with the opposite sex only in public affairs, like dances and large parties. She felt disinterested in having a steady boyfriend and definitely saw herself as unready for marriage.

Olivia's symptoms first occurred about a month before she applied for help and just after her uncle died, suddenly, of a cerebral hemorrhage. She was out of the house when he was stricken and was very shocked when she returned to be told that he had died. At first she was totally unable to accept the fact of his death, and for weeks still thought of him as being alive. It became difficult for her to eat and she lost seven pounds. She did her best to control her grief in order to keep from upsetting other members of the family, but she was not able to bring herself to view his body and immediately after his death, made a point of being away from home as much as possible. The problem which brought her to a psychologist was an intense fear of being alone at home which developed at this time. When being alone was unavoidable, she experienced severe anxiety attacks with heart palpitation, profuse sweating, a dryness of the mouth, and a fear of death. Such attacks also came on when she was alone in her bedroom and about to fall asleep. These episodes were quite upsetting to other members of the family who frequently called on the family doctor for advice. It was the family doctor who recommended that she apply for psychological assistance.

Case 4 -- Martin S.

Martin S., a 27-year-old father of one child, was referred to a community clinic by his family doctor. He had a spotty work history and, as a result, depended heavily upon the financial support of his in-laws during his frequent periods of unemployment. At the time he was referred, he and his family were living with his wife's parents.

Martin was the only child of a couple who separated when he was four years old. Following this, he was placed in an orphanage for about a year before his father, who had remarried, took him back to live with him. He remained with his father for only 18 months. There then started a period extending well into his teens when, at almost yearly intervals, he was shuttled between the home of his maternal grandmother in the northeast and that of his father in the southern town where Martin had spent his first six years. As a result, the most vivid memory of his youth revolved about the instability that typified his existence. He was not able to be close to any of the adult figures that he lived with and generally felt that they looked upon him as being a nuisance. His gradually increasing shyness and his constant moving around made it difficult for him to make friends. Martin also did poorly at the several schools he attended, and by the time he was 15 years old he had only completed five grades. He was then placed in a special class in a public trade school in the south where he remained until he was 17. At that time he began trying to support himself, but went from one job to another because he was not able to get along with either supervisors or fellow workers. When he was 20, he enlisted in the Navy, since he was subject to the draft, and almost immediately suffered a reoccurrence of a stomach disorder that had begun when he was first placed in the orphanage. Much of his service time was spent in the hospital, and after eight months, he received a medical discharge.

Martin returned to the southern town where his father lived, and at the age of 23 married a 16-year-old girl who seemed dull and immature. Their adjustment was poor, both because he was still unsuccessful in holding a job and because soon after their marriage Martin discovered that she was being unfaithful to him. This made him constantly suspicious of her. It was economically necessary that they live in the home of his wife's parents, and this too, made for much friction between them.

Martin came to the clinic because he was under the impression that it was his wife who needed the help, and he wanted her to receive assistance. Actually, his in-laws, with the help of the family doctor, had instigated this move, because they felt Martin needed psychological care if his marriage were to be saved. He came late for his first appointment because of oversleeping, even though he had taken a day off from work for the purpose. He was dressed inappropriately in work clothes and seemed eager to talk and go into elaborate detail about his difficulties. In this, Martin gave the impression that he was very immature and dependent. Despite this, he did not see himself in need of psychological help and admitted that he came mostly to please his in-laws. The only personal problem he admitted was a "nervousness" in connection with the stomach disorder which resulted in his Navy discharge. Martin saw this primarily as a physical disorder, however. He was placed on the clinic waiting list for treatment, but when offered an opportunity to be seen regularly, he refused to come in again.

ACTIVITY: THE CASE OF GEORGE L.

AREA: Therapy/Abnormal Psychology

SOURCE: Lorry Cology. Reading from The Quiet Furies: Man and Disorder, by Elton McNeil, (Prentice-Hall, 1967).

TIME: 45 minutes

MATERIALS: Case History and Question Sheet

PROCEDURE:

NOTE: This activity should be done after lectures on abnormal behavior and therapy or at the end of an Abnormal Psychology course.

Divide the class into small groups and distribute the case history and question sheet.

Tell the class that as a final exercise on abnormal behavior, you would like them to read the case history of George L. and, to the best of their ability, diagnose him and suggest a possible course of treatment.

Do not tell the class that this is a case history of a "normal" person!

McNeil included this case history in his book to illustrate the wide range of problems an "average" person may encounter.

After the class has finished "diagnosing" George L., make a tally chart on the chalkboard as to the different diagnoses (obsessive-compulsive neurosis, anxiety neurosis, etc.) and the suggested type of therapy (tranquilizers, desensitization, etc.).

When the tally is finished, announce to the class that George L. is not considered psychologically disturbed.

DISCUSSION:

Discussion may center on the hazards of putting nasty labels on people, the ability people have to cope with a wide range of problems, and the difficulty of attempting to determine exactly where "normal" coping strategies become maladaptive behavior patterns which require help.

COMMENTS:

When I did this activity during the last week of the quarter in Abnormal Psychology classes, I was surprised to find the range of diagnoses the class suggested. (Would you believe paranoid schizophinic and latent homosexual?)

Nobody commented that there didn't seem to be anything seriously wrong with George L. The "first-year medical student syndrome" lives! Not only do some students begin to pick out abnormal symptoms in themselves after a lecture or two on behavior disorders, but they seem very willing to identify them in others, too.

ABNORMAL PSYCHOLOGY
INSTRUCTOR: LORRY COLOGY

NAME _____

Directions: Read the case history for George L. and answer the following questions.

1. What is the most probable diagnosis for George L.? (Be sure to include the subtype of the disorder such as: simple schizophrenia, paranoid schizophrenia, obsessive-compulsive neurosis, etc.) You may use your text if you wish.

2. Were George L.'s symptoms mild, moderate, or severe?

3. What do you think was the possible cause for George L.'s problems?

4. What would you suggest as a possible treatment method and why?

SOURCE: The Quiet Furies: Man and Disorder, by E. McNeil.

THE SICKNESS
-George L.

George L. was not what you would call a handsome man. His features were far from classic, his manner quiet and self-effacing. Being an English professor suited him exactly, and he even looked like the stereotyped typical professor. It was as if he were genetically destined to be a professor and could not escape his fate.

Bespectacled, quiet, intense, and devoted to shaping young minds - these described George in part but left out too much to be accurate. George did, of course, have some professorial characteristics that fit the stereotype. For example, he could never learn to tie his necktie properly. He would begin by wrapping the tie around his neck and adjusting both ends to the same length. As a result, he always ended up with the narrow back portion of the tie about three inches longer than the front. This asymmetrical catastrophe was then studiously tie-clipped into place as evidence for all to see that he had again flunked his daily test of elegance.

His students and colleagues felt there was a Christ-like quality in George's devotion to his work, and, in fact, an ex-student once wrote that George missed his calling by not becoming a religious leader. George wasn't religious in a classic sense but he was intensely reverant about human life and subscribed to the idea that the state of mankind could be improved substantially if everybody worked full time at it. He seldom mentioned this aloud since it sounded pretty corny in sophisticated company.

Whenever anyone commented on his slightly Christ-like demeanor, George would launch into a somewhat defensive, somewhat aggressive, cynical laying waste of all that most people considered holy. It was an unconvincing display - George was Christ-like. But, it made him nervous since his self-image was that of a person waspishly anti-establishment. George's problem was that he knew the words but couldn't carry the tune of protest. He was, congenitally, a nice guy and this birth defect was beyond remedy at the age of 45. You liked him at once for his honesty and openness, and you soon respected him for his dedication to the vital issues of life. Yet, you knew he was a "patsy," and that others would take advantage of him.

Among George L.'s problems was crushing personal and social conscience. He cared intensely about the image he presented to other people and worked day and night to be, within reason, the kind of persons others expected him to be. He was always on time, met his classes when sick or well, read term papers religiously, demeaned his talents publicly by pointing out his personal and professional shortcomings, admired the "operators" among his colleagues, and was regularly distressed by the discrepancy that existed between his goals and his achievements. He was a little corny and sentimentally serious by current standards when he expressed his values and ideas about life, but he was always inspiring to his students; and they not only admired him but became devoted to him. A tight-knit cult of students swore they "would never forget him."

Sometimes George had anxiety-laden dreams in which he found himself in a situation in which he had "let somebody down terribly" by not doing what he was supposed to do at the time he was supposed to do it. In these dreams he always felt mortified and he would awaken in misery and go into work early that day. He just "felt better" if he could get at his work a little earlier. Incidentally, the chairman of the English department was a brilliant diagnostician who recognized at once George's fatal flaw. The chairman looked like a friendly Buddha, but his chubby sincerity masked a practical administrative mind that never missed an opportunity to be nice to a masochist by mistreating him. George always carried an impossible course load, but he never complained. It often seemed to me that he sold the tickets, showed the movie, pushed the popcorn, and swept out the theater of education while the chairman had the important task of counting the profits. It became obvious, before long, that George unconsciously enjoyed being walked on almost as much as the chairman was pleasured by accommodating him with an overload of professional responsibility.

George's two children were also a problem to him, not because they were rebellious. In fact, their mature view of life was admirable. They were quiet, sensitive, and self-contained human begins who were made uncomfortable by the bluff, hearty, hail-fellow-well-met types to which they were exposed. Working as hard as he did and accepting professional responsibility to the extent that he did, George worried regularly about the possibility that he was neglecting his children by not being as close to them emotionally as he thought he ought to be. He was constantly oppressed by the feeling that he had failed as a parent by not being able to weigh the parts of life with sufficient care and clarity to decide what was important in the long run. In reality, his children were very attached to him. But this did not reassure him about his way of life. He frequently had serious conversations with colleagues regarding their "honest" view of his children. It was questionable if he ever got a totally honest answer but he seemed to need this regular reassurance.

George was compelled to do things for other people. If he came over to your house for an evening's conversation he always brought expensive liquor or something exotic to eat. He worried about how people accepted him and always made it a package deal - George L. and a gift. George also never complained about personal discomfort or inconvenience. He lived just beyond the city limits and some years ago he and six other families formed a kind of small community cooperative in which they not only worked as a group to construct their individual homes but through which they owned community property (a power lawnmower, a community water system, private street lights). As fate inevitably arranges, two of the six members of the community viewed their communal role as something akin to being uncrowned royalty living in gallant splendor among colorful and loyal serfs. This meant that sharing the common labor of the group was distinctly beneath their dignity and required that the bulk of their community contribution be devoted to logical arguments about community policy followed by rationalizations regarding their inability to contribute a proper share of the labor. Over a period of years George was victimized by these two families in a variety of ways. He took it, grumbled privately, and extended himself to be even more cooperative and hard working as an example to the others. It didn't work, of course. The two parasitic families shirked their responsibilities in direct proportion to his assumption of increased duties.

It was as though George had been born to suffer. His emotional investment in the chronic injustices of life seldom were applied to himself. All his resentment was directed toward the plight of deprived children, neglected by an unresponsive society insufficiently concerned with human wreckage. The glaring discrepancy between the lip-service people pay to social problems and what they are willing to provide to solve them irritated him without end. The apparent hypocrisy of humanity galled George constantly. People just didn't give a damn about others and civilization was getting exactly what it deserved. In some ways George was alienated from his own society by the callousness and disinterest he saw in all those about him.

It was his unexpected plans for divorce that shocked the academic community. George was apparently such a devoted family man that he called home each day just to check on how things were going and to remind his wife of a variety of things of which she was alread aware - that the children would be home early from school today, or that the steaks should be defrosted for supper. He was, perhaps, too "apparently" devoted to his family. His wife, for example, suffered a powerful but silent resentment about these daily calls since she always sensed that George treated her as if she had a limited intelligence. She always made a wry joke about it if a neighbor was there at the time the call came: "It must be George checking to see if I know the difference between hot and cold water." She tolerated this quirk in George and learned a variety of ways to assure that his constant supervision of her would roll off her back and not interfere with her labors as a wife and mother. It was a minor annoyance and George was otherwise a steady if unspectacular mate.

George's marital problem, I later discovered, lay outside the close family circle he maintained, and George's problem with the female of the species had more to do with his childhood perceptions than it did with the current state of his happiness or unhappiness as a married man. George was not the kind of person who "played around" every chance he got. He appeared quite businesslike and circumspect around the office. He was avuncular to his own office staff but he underwent a startling transformation whenever he found himself in close contact with the chairman's secretary. This woman held a strange fascination for him, and he confided intimate details of his personal life to her and manufactured excuses to see her whenever he could. There was a moth-and-flame attraction that was bound to be a fatal combination.

The two of them became a departmental item before long. Everyone knew that they shared a few too many quiet luncheons together and many suspected that their Saturday labors were a mixture of work and play. There was no real proof of the true depth of their relationship but the sharp-eyed secretarial staff at once launched its usual program of assassination-by-gossip and enjoyed the scandal immensely. The inevitable, because it was inevitable, happened. First, one secretary accidentally discovered them in an intimate embrace in the file room. Next, George's wife invaded the privacy of one of their motel excursions and blackened his eye with a vigorously swung purse. George moved out of the family home, and the boss's secretary quit her job and began divorce proceedings against her engineering-student husband. The grounds for her divorce were obscure but socially polite - incompatibility.

The scandal became even more choice and juicy when George L. and the boss's secretary openly traveled to New York together to attend a professional convention. The sight of George L. holding hands with the secretary in the lobby of the convention hotel and exchanging deep and secret glances with her was particularly shocking to his friends, not only because it seemed so totally out of character for him but because there was at least a difference of 20 years in their ages. In the last two months, it was true, George had been acting in a somewhat strange manner but this latest public display of unconventionality topped it all off. George had frantically immersed himself in an unaccustomed round of social events; he was drinking too much, acting sophisticated and gay, night-clubbing, and telling dirty jokes.

It was as if George had become a different person. He neglected his professional work almost completely and undertook a host of new and short-lived hobbies and interests. George began to dress youthfully. He abandoned his previous circle of scholarly acquaintances and took up with the cool jazz, protest and coffee-house clan. It was a pathetic sight to see him try to wrestle age to a standstill, and, when our paths crossed, he always looked as if his anchor were dragging a little. He was losing weight and exercising regularly but these efforts were clearly painful to him and his physique was not nearly approaching Adonis-like proportions. He looked very much what he was - a middle-aged man trying desperately to repair the ravages of time and addiction to comfort. I was most concerned about the physical vigor of many of the activities he now pursued with unbounded enthusiasm. He became an ardent squash player, for example. Tennis might have been all right at his age but hard-fought competition on the squash court seemed too much for a man of his years. He began to look like a prime candidate for a cardiac arrest and the pace seemed literally to be killing him.

Interestingly, during this time (nearly six months) George never managed to take the necessary steps to divorce his wife. He was quite upset about the possible effect his newly found emotional attachment might have on his children, but he could not bring himself to talk to them or to explain what had happened. Whenever George wanted to speak to his wife, he would have his secretary call her to make sure he did not accidently come in contact with the kids and find himself stuttering and stammering about what was happening to all of them.

The upshot of the whole affair was that George L. never divorced his wife. His flaming romance with the boss's secretary extinguished itself almost as quickly as it had blazed to life in the first place and his disinterest in her, as I later discovered, took place shortly after she quit her job as the boss's secretary. George was sheepishly reconciled with his wife and accepted an offer from a small Eastern university where he now seems to have returned completely to his previous way of life. For six months George L. was painfully transformed into a pathetically different human being, one who learned the hard way that at his age the pattern of a lifetime is extremely difficult to change.

ACTIVITY: The Business: An Organization Simulation

AREA: Decision Making/Leadership Styles/Example of Management Training Techniques

SOURCE: Adapted from a Handbook of Structured Experiences for Human Relations Training, Volume 5. J. Pfeiffer and J. Jones, Editors.

TIME: 2 hours

MATERIALS: At least two boxes of eight crayons of various colors for each group. (Ideally each student should have a box of eight crayons), approximately 100 copies of "The Business" magazine cover on 8½ x 11 inch paper, two copies of the Observer Tally Sheet for each observer/customer.

PROCEDURE:

The class is divided into equal groups of five to seven students with at least one observer/customer for each group. While the class is getting into groups, each observer/customer should be given two copies of the Tally Sheet, assigned to a group, and told to tally the number of comments, suggestions and decisions each group member makes.

NOTE: The class should be told that the observer/customers are simply observing the group. They should not be told specifically what the observers/customers are watching.

PART 1: When the teams are seated in groups, give a box of crayons to each team member (or two boxes for each group) and give ten copies of the magazine cover stock to each team. Explain that each teams' test is to indicate the color scheme to be used on the cover of a business magazine. The teams are advised to consider efficiency of production as well as attractiveness of design, since the cover will later be mass produced. Each team is to prepare as many identical copies of its final design as there are groups. These copies are to be marked "model, team A or B." There is a time limit of 25 minutes for this part of the activity.

Each team submits the copies of its design to the observers/customers who select one team's cover design to be used in the actual production of the cover. The team whose cover has been selected is considered the winners of this part of the activity. Observers/customers are to make a selection on the basis of aesthetic appeal and ease of production.

While the observers/customers make their decision, the team members discuss the experience in terms of how they organized themselves for the task and whether their organization was suitable to the complexity of the task and the personalities of the members. During the discussion, collect all the extra copies of the cover stock.

The observers/customers announce their decision. Then announce that the winning team's color designations will be used as the models for mass production of the magazine cover.

PART 2: Give one copy of the winning cover model to each team. Please make sure that all model copies are identical. Tell the teams that they are now in the business of producing covers for the magazine and that the covers must be produced in accordance with the model.

The winners in Part 2 will be the team who produces the largest amount of magazine covers. Students are to note, however, that the observers/customers will reject any covers that do not meet their standards of quality (are incomplete, too sloppy, etc.).

The teams are allowed ten minutes to plan. In the meantime, instruct the observers/customers to keep tally on the second sheet like they did for Part 1. Teams are instructed to place their team's initials on the back of each cover.

The production phase begins and continues for 30 minutes. At the end of 30 minutes, the teams present their finished covers to the observers/customers who accept or reject each one according to whether it is an acceptable representation of the model. The number of acceptable covers delivered by each team is determined and the winner announced.

DISCUSSION:

Discussion of the experience may include the following questions:

1. What type of organizational design is most suited to complex, ill-defined, and non-routine work requiring some degree of creativity as opposed to simple, well-defined, and routine work?

2. Why are different organizational designs better in one situation than another?

The expected responses will center around the fact that during the first part the groups are decentralized, flexible, and characterized by a high degree of communication and change. In contrast, the groups in the second phase evolve into a form that is highly structured, explicitly coordinated, and relatively inflexible. Students should become aware that the first organizations resemble professional organizations (or top management), characterized as dealing with complex work in varied situations, whereas the second organizational form is typical of a formalized bureaucratic organization with routine and relatively stable work characteristics.

Based on the observer/customer sheets, point out the differences in leadership styles. Part 1 will usually show definite differences in terms of who influenced the group when compared to Part 2. The number of suggestions made and followed usually shifts rather obviously. Also, there will probably be differences among the different groups as to how the task was organized.

COMMENTS:

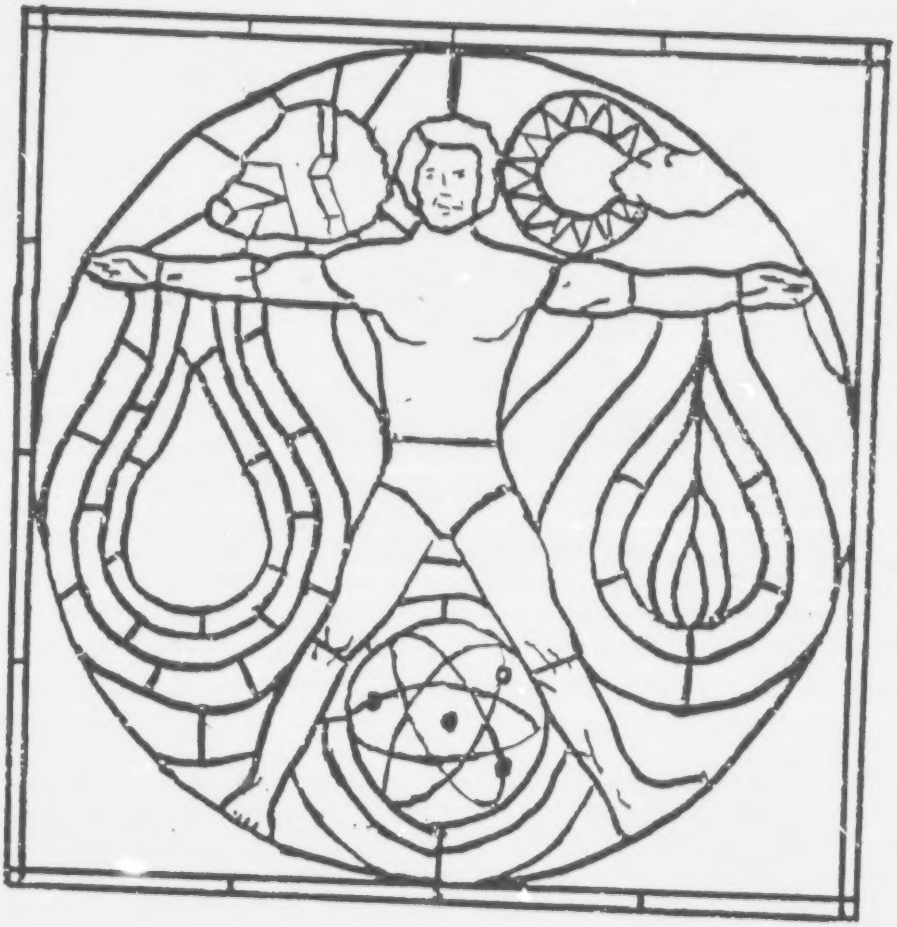
This activity usually results in a great deal of competition among the different groups. A good source of discussion occurred when one of the groups broke their crayons in half during the mass production phase of the activity and also used different sorts of materials such as Flair pens, pencils, and ball point pens. When the other groups complained that this was not "fair," it generated a discussion around typical business practices and the process of competitive production.

I have used this activity in Industrial Psychology classes to demonstrate examples of management training techniques. It also illustrates different leadership styles and types of decision making.

One thing to note is that the activity does take two hours to complete. It's most useful to provide a break for the class between Part 1 and Part 2 of the activity.

OCT 1980 $1.00

the business



ACTIVITY: The Business
Observer Tally Sheet

Directions: Write the names of each group member on the space at the left of the page. Make a slash mark (////) each time a group member makes a comment, offers a suggestion or gives a direction. In the appropriate space indicate whether the suggestion or direction was followed.

NAME	NUMBER OF COMMENTS	NUMBER OF SUGGESTIONS OR DIRECTIONS MADE	NUMBER FOLLOWED
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Group Name:

Circle One: Part I Part II

Comments:

26/A53

SOURCE: Psychology Teacher's Resource Book, APA Publication.

PUBLISHERS' ADDRESSES

Academic Press, Inc., 111 Fifth Avenue, New York, New York 10003.
Addison-Wesley Publishing Co., Inc., Reading, Massachusetts 01867.
Airmont Publishing Co., Inc., 22 East 60th Street, New York, New York 10022.
Albion Publishing Co., 1736 Stockton Street, San Francisco, California 94133.
Aldine-Atherton, Inc., 529 South Wabash Avenue, Chicago, Illinois 60605 (formerly Aldine Publishing Co. and Atherton Press).
Allyn & Bacon, Inc., 470 Atlantic Avenue, Boston, Massachusetts 02210.
American Association for Higher Education, One Dupont Circle, N. W., Washington, D. C. 20036.
American Book Co., 450 West 33rd Street, New York, New York 10001.
American Psychological Association, 1200 Seventeenth Street, N. W., Washington, D. C. 20036.
Animal Welfare Institute, P.O. Box 3492, Grand Central Station, New York, New York 10017.
Ann Arbor Publishers, 611 Church Street, Ann Arbor, Michigan 48104.
Annual Review of Psychology, 4139 El Camino Way, Palo Alto, California 94306.
Apollo Editions, Inc., 666 Fifth Avenue, New York, New York 10019.
Appleton-Century-Crofts, 440 Park Avenue South, New York, New York 10016.
Atheneum Publishers, 122 East 42nd Street, New York, New York 10017.
Avon Books, 959 Eighth Avenue, New York, New York 10019.
Ballantine Books, Inc., 101 Fifth Avenue, New York, New York 10003.
Bantam Books, Inc., 666 Fifth Avenue, New York, New York 10019.
Basic Books, Inc., Publishers, 10 East 53rd Street, New York, New York 10022.
Beacon Press, 25 Beacon Street, Boston, Massachusetts 02108.
Behaviordelia, P.O. Box 1044, Kalamazoo, Michigan 49005.
Bobbs-Merrill Co., 4300 West 62nd Street, Indianapolis, Indiana 46268 or Four West 57th Street, New York 10019.
Brooks/Cole Publishing Co., 540 Abrego Street, Monterey, California 93940.
William C. Brown Co., Publishers, 135 South Locust Street, Dubuque, Iowa 52001.
Chandler Publishing Co., 124 Spear Street, San Francisco, California 94105.
Ciba Pharmaceutical Co., P.O. Box 1340, Newark, New Jersey 07101.
College & University Press, 263 Chapel Street, New Haven, Connecticut 06513.
Coward, McCann & Geoghegan, Inc., 200 Madison Avenue, New York, New York 10016.
Cowles Book Co., Inc., 114 West Illinois Street, Chicago, Illinois 60610.
CRM Books, 1104 Camino Del Mar, Del Mar, California 92014.
Thomas Y. Crowell Co., 666 Fifth Avenue, New York, New York 10019.
Crown Publishers, Inc., 419 Park Avenue South, New York, New York 10016.
Cummings Publishing Co., Inc., 2727 Sand Hill Road, Menlo Park, California 94025.
John Day Co., Inc., 257 Park Avenue South, New York, New York 10010.
Dell Publishing Co., Inc., 750 Third Avenue, New York, New York 10017.
Dial Press, Inc., 750 Third Avenue, New York, New York 10017.
Dickenson Publishing Co., Inc., 16561 Ventura Boulevard, Suite 215 G, Encino, California 91316.
Charles E. Merrill Publishing Co., 1300 Alum Creek Drive, Columbus, Ohio 43216.

The M.I.T. Press, 28 Carleton Street, Cambridge, Massachusetts 02142.
William Morrow & Co., 105 Madison Avenue, New York, New York 10016.
The C. V. Mosby Co., 11830 Westline Industrial Drive, St. Louis, Missouri 63141.
National Academy of Sciences, National Research Council, 2101 Constitution Avenue, N. W., Washington, D. C. 20418.
National Institute of Mental Health, Program Analysis and Evaluation Branch, Office of Program Planning and Evaluation, 5600 Fishers Lane, Rockville, Maryland 20852.
Natural History Press, Garden City, New York 11530.
The New American Library, Inc., 1301 Avenue of the Americas, New York, New York 10019.
New Directions Publishing Corp., 333 Avenue of the Americas, New York, New York 10014.
W. W. Norton & Co., Inc., 55 Fifth Avenue, New York, New York 10003
Oxford Book Co., 387 Park Avenue South, New York, New York 10016.
Oxford University Press, Inc., 200 Madison Avenue, New York, New York 10016.
Pantheon Books, 201 East 50th Street, New York, New York 10022.
Paulist/Newman Press, 400 Sette Drive, Paramus, New Jersey 07652.
Penguin Books, Inc., 7110 Ambassador Road, Baltimore, Maryland 21207.
Pergamon Press, Inc., Maxwell House, Fairview Park, Elmsford, New York 10523
Pocket Books, Inc., 630 Fifth Avenue, New York, New York 10020.
Precision Media, P.O. Box 3222, Kansas City, Kansas 66103.
Prentice-Hall, Inc., Englewood Cliffs, New Jersey 07632.
Press of Case Western Reserve University, The Quail Building, Cleveland, Ohio 44106.
Principia Press, Inc., 5743 Kimbark Avenue, Chicago, Illinois 60637.
Public Affairs Press, 419 New Jersey Avenue, S. E., Washington, D. C. 20003.
G. P. Putnam's Sons, 200 Madison Avenue, New York, New York 10016.
Pyramid Communications, INc., 919 Third Avenue, New York, New York 10022.
Rand McNally & Co., P.O. Box 7600, Chicago, Illinois 60680.
Random House, Inc., 201 East 50th Street, New York, New YOrk 10022.
Regent House, 108 North Roselake Avenue, Los Angeles, California 90026.
Ronald Press Col, 79 Madison Avenue, New York, New York 10016.
Russell Sage Foundation, 230 Park Avenue, New York, New York 10017.
Sage Publications, Inc., 257 South Beverly Drive, Beverly Hills, California 90212.
W. B. Saunders Co., 218 West Washington Square, Philadelphia, Pennsylvania 19105
Scott, Foresman & Co., 1900 East Lake Avenue, Glenview, Illinois 60025.
Charles Scribner's Sons, 597 Fifth Avenue, New York, New York 10017.
Simon & Schuster, Inc., 630 Fifth Avenue, New York, New York 10020.
Peter Smith, 6 Lexington Avenue, Gloucester, Massachusetts 01930.
Dodd, Mead & Co., 79 Madison Avenue, New York, New York 10016.
Dorsey Press, Inc., 1818 Ridge Road, Homewood, Illinois 60430.
Doubleday & Co., Inc., Garden City, New York 11530.
Dover Publications, Inc., 180 Varick Street, New York, New York 10014.
E. P. Dutton & Co., Inc., 201 Park Avenue South, New York, New York 10003.
Educational Testing Service, Princeton, New Jersey 08540.
Farrar, Straus & Giroux, Inc., 19 Union Square West, New York, New York 10003.

Fawcett World Library, One Astor Plaza, New York, New York 10036.
Fearon Publishers, Lear Siegler, Inc., 6 Davis Drive, Belmont, California 94002.
The Free Press, 866 Third Avenue, New York, New York 10022.
W. H. Freeman & Co., Publishers, 660 Market Street, San Francisco, California 94104.
Greenwood Press, Inc., 51 Riverside Avenue, Westport, Connecticut 06880.
Grove Press, Inc., 53 East Eleventh Street, New York, New York 10003.
Harcourt Brace Jovanovich, Inc., 757 Third Avenue, New York, New York 10017 (formerly Harcourt, Brace & World, Inc.).
Harper & Row, Publishers, 10 East 53rd Street, New York, New York 10022.
Hart Publishing Co., Inc., 719 Broadway, New York, New York 10003.
Harvard Educational Review, Longfellow Hall, 13 Appian Way, Cambridge, Massachusetts 02138.
Harvard University Press, Kittridge Hall, 79 Garden Street, Cambridge, Massachusetts 02138.
Hawthorn Books, Inc., 70 Fifth Avenue, New York, New York 10011.
D. C. Heath & Col, 125 Spring Street, Lexington, Massachusetts 02173.
Holden-Day, Inc., 500 Sansome Street, San Francisco, California 94111.
Holt, Rinehart & Winston, Inc., 383 Madison Avenue, New York, New York 10017.
Houghton Mifflin Co., 110 Tremont Street, Boston, Massachusetts 02107.
Information Resources, Inc., P.O. Box 417, Lexington, Massachusetts 02173.
Jossey-Bass, Inc., Publishers, 615 Montgomery Street, San Francisco, California 94111.
Journal of Biological Psychology, Planarian Research Group, P.O. Box 644, Ann Arbor, Michigan 48107.
Augustus M. Kelley, Publishers, 305 Allwood Road, Clifton, New Jersey 07012.
Key Information, Inc., P.O. Box 794, Red Bank, New Jersey 07701.
Robert R. Knapp, P.O. Box 7234, San Diego, California 92107.
Alfred A. Knopf, Inc., 201 East 50th Street, New York, New York 10022.
R. E. Krieger Publishing Co., Inc., P.O. Box 542, Huntington, New York 11743.
Lancer Books, Inc., 1560 Broadway, New York, New York 10036.
J. B. Lippincott Co., East Washington Square, Philadelphia, Pennsylvania 19105.
Little, Brown & Co., 34 Beacon Street, Boston, Massachusetts 02106.
The Macmillan Co., 866 Third Avenue, New York, New York 10022.
McGraw-Hill Book Co., 1221 Avenue of the Americas, New York, New York 10020.
David McKay Co., Inc., 750 Third Avenue, New York, New York 10017.
Springer Publishing Co., Inc., 200 Park Avenue South, New York, New York 10003.
Stanford University Press, Stanford, California 94305.
Tropical Fish Hobbyist Publications, P.O. Box 27, Neptune City, New Jersey 07753.
United States Government Printing Office, Washington, D. C. 20402.
Universal Publishing & Distributing Corp., 235 East 45th Street, New York, New York 10017.
University of Chicago Press, 5801 Ellis Avenue, Chicago, Illinois 60637.
The University of Michigan Press, 615 East University, Ann Arbor, Michigan 48106.
University of Nebraska Press, 901 North Seventheenth Street, Lincoln, Nebraska 68508.

University of Pennsylvania Press, 3933 Walnut Street, Philadelphia, Pennsylvania 19104.
University of Pittsburgh Press, 127 North Bellefield Avenue, Pittsourgh, Pennsylvania 15213.
Vanguard Press, Inc., 424 Madison Avenue, New York, New York 10017.
Van Nostrand Reinhold Co., 450 West 33rd Street, New York, New York 10001 (formerly Van Nostrand).
Viking Press, Inc., 424 Madison Avenue, New York, New York 10022.
Westinghouse Learning Press, 2680 Hanover Street, Palo Alto, California 94304.
John Wiley & Sons, Inc., 605 Third Avenue, New York, New York 10016.
Williams & Wilkins Co., 428 East Preston Street, Baltimore, Maryland 21202.
World Publishing Co., 110 East 59th Street, New York, New York 10022.
Yale University Press, 92a Yale Station, New Haven, Connecticut 06520.

The following list is a short bibliography of instructor manuals and study guides which contain activities and demonstrations.

STUDY GUIDE	INSTRUCTORS MANUAL	TEXT	PUBLISHER
Yes	Yes	Psychology: Understanding Behavior, Second Edition by R. Baron, D. Byrne, and B. Kantowicz.	Holt, Rinehart and Winston
Yes	Yes	Psychology and Human Experience by J. Brennecke and R. Amick.	Glencoe Pub. Co.
Activities in text and manual		Psychology of Adjustment and Human Relationships by J. Calhoun and J. Acocella.	Random House
Activities in text and manual		The Interpersonal Communication Book by J. DeVito.	Harper and Row
Activities in text		Human Relations: A Job Oriented Approach by A. DuBrin.	Prentice-Hall
Yes	Yes	Psychology for a Changing World, Second Edition by I. Evans and R. Murdoff.	John Wiley and Sons
Yes	Yes Excellent!	Introduction to Psychology, Fourth Edition by D. Fernald.	Houghton-Mifflin
Yes	Yes	Applied Human Relations: An Organizational Approach. by J. Halloran.	Prentice-Hall
?	Yes	Introduction to Psychology, Sixth Edition by E. Hilgard, R. Atkinson, and R. Atkinson.	Harcourt-Brace-Jovanovich
In text		Human Relations and Your Career by D. Johnson.	Prentice-Hall
In text		Reaching Out by D. Johnson.	Prentice-Hall
Yes	Yes	Psychology: An Introduction by J. Kagan and R. Haveman.	Harcourt-Brace-Jovanovich

STUDY GUIDE	INSTRUCTORS MANUAL	TEXT	PUBLISHER
?	Yes	The Human Side of Organizations by S. Kossen.	Canfield Press
No	Yes	Psychology: A Basic Course by D. Krech and R. Crutchfield.	Alfred A. Knopf
Puzzles and word search activities in study guide, activities in manual		Psychology, Second Edition, by G. Lindzey, C. Hall, and R. Thompson.	Worth Pub. Co.
Yes	?	Beginning Psychology, Revised Edition by P. London.	Dorsey Press
Yes	?	Understanding Human Behavior Third Edition, by J. McConnell	Holt, Rinehart and Winston
Yes	Yes	Psychology Today and Tomorrow. by E. McNeil, G. Fuller, and J. Estrada. This a condensed version of the next text cited.	Canfield Press
?	Yes	The Psychology of Being Human. E. McNeil and Z. Rubin.	Canfield Press
?	Yes	Psychology: An Introduction. by C. Morris.	Prentice-Hall
?	Yes	Fundamentals of Psychology. Second Edition, by R. Runyon.	Addison-Wesley
No	Yes	Psychology, Third Edition, by R. Silverman.	Prentice-Hall
Yes	Yes	Psychology: The Frontiers of Behavior, R. Smith, I. Sarason, and B. Sarason.	Harper and Row
Yes	Yes	Psychology and Life, Ninth Edition, by P. Zimbardo and F. Ruch.	Scott, Foresman and Co.

ADDITIONAL SOURCES

A Handbook of Structured Experiences for Human Relations Training. (Volumes I through VI with Index). By W. Pfeiffer and J. Jones, Editors. University Associates, Inc., 7596 Eads Ave., LaJolla, California, 92037. ($36.00)

Psychology Teachers' Resource Book. Published by the American Psychological Association, Inc., 1200 17th St. N.W., Washington D. C., 20036 ($3.00 or $4.00)

UNIVERSITY OF CALIFORNIA
ERIC CLEARINGHOUSE FOR JUNIOR COLLEGES
96 POWELL LIBRARY BUILDING
LOS ANGELES, CALIFORNIA 90024

JAN 23 1981
97